STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN OF ESTI-(TYPE OR PRINT) FUNERAL DIRECTOR. 5 FOR YOUR FILES. 5, WITHIN 72 HOURS. W. PRESTON-STREET, Elizabeth B. Haberkorn DEATH MATED XX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE LAST BIRTHDAY) 2:05 PRONOUNCED Whi te Female 25, 1920 19 86 Mar 66 DEAD 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Arkansas U.S.A. Baltimore City, WIDOWED X DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! 1721 Lakeside AVenue Baltimore Ret. Clerk Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY EIMITS? 13e STREET ADDRESS Maryland Baltimore 1721 Lakeside Ave. 21218 YES X BALTIMORE, MD. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Clarence MIDDLE Clark Baxter Eugenia 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Virginia Beachess Va. 23464 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 431-10-7135 Carol J. Wilkinson 1647 Mill Oak Dr. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION Chronic Obstructive Pulmonary Disease 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AER. 17...
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TO FUNERAL DIRECTOR: PI
AFTER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 Inquiry XX 22a I certily that I took charge of the remains described above, held an Autapsy Inspection Natural causes XX death resulted fre Hamicide ___ Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 3 - 1 - 86SIGNATURE EXAMINER'S NAME Dennis F. SMyth, M.D. 111 Penn St., Balto., Md. TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 73c NAME OF CEMETERY OR CREMATORY Burial Aug 5 Baltimore Maryland 1986 Lorraine Park 07/B4 24 FUNERAL DIRECTOR 25M 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** Leonard J. Ruck, Inc. Baltimore, Maryland (VR A15 ME (5))

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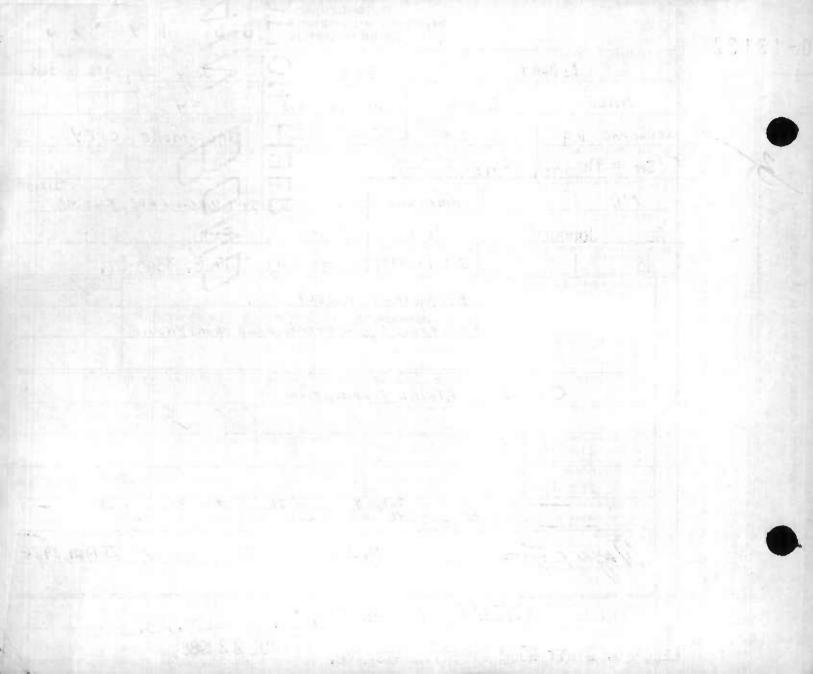
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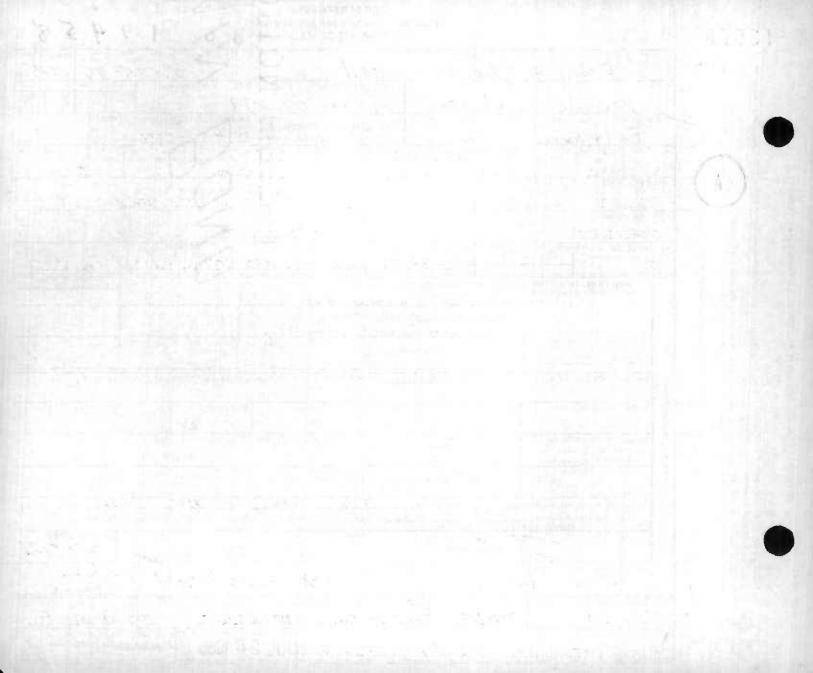
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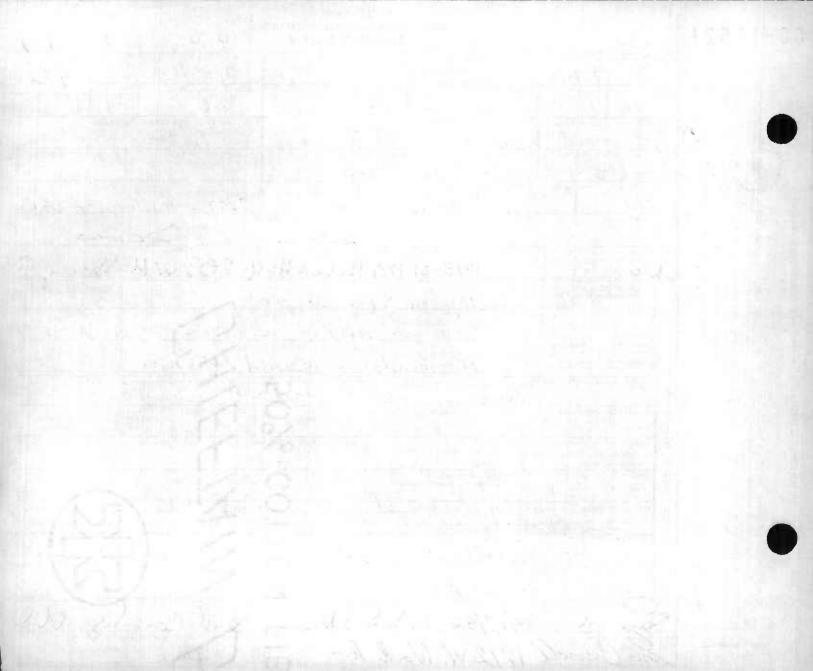
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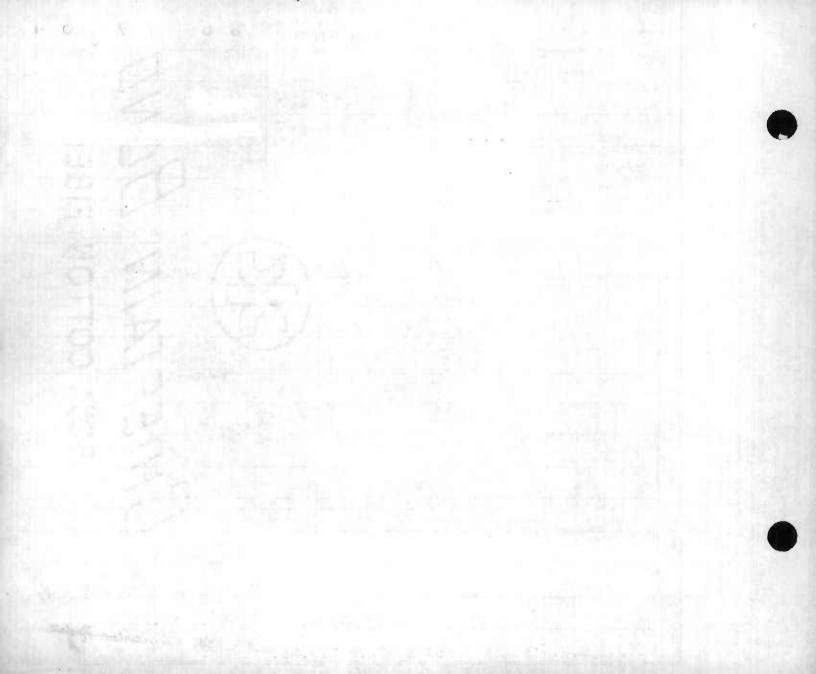
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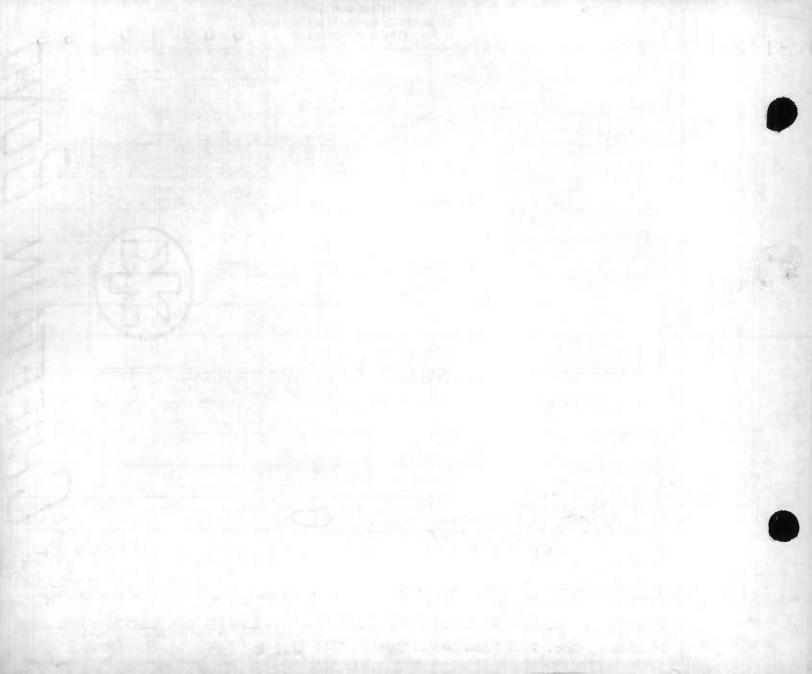
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALTHY ONE 1 - STATE REGISTRAR I. DECEASED NAME DATE KNOWN X (TYPE OR PRINT) OF ESTI-Timothy DIRECTOR. OUR FILES. 72 HOURS ON STREET, Hancock DEATH MATED 10 86 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) RONOUNCED 69 2 17 Black DEAD 1986 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRYS Baltimore, Md. USA Baltimore City, ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS Student Baltimore 4001 Alto Rd. 130 STATE T3d INSIDE CITY LIMITS? Walbrook Ave. Md. Baltimore 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Grady MIDDLE Mae Alston Lumus 166 SOCIAL SECURITY NO. 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 219-80-7679 Mae Alston 3304 Walbrook Ave. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 1 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT AFIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE BALTIMORE, MARYLAND, 21201 PRICR TO BURIAL, CREMATION, OR REMOVAL Gunshot Wound to Head DUE TO OR AS A CONSEQUENCE C Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 710 EXTERNAL CAUSE WAS 716. TIME OF INJURY 216 HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART + OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING TO 1986 subject found shot CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY 211 LOCATION STATE AT WORK NOT WHILE 4001 Alto Rd., Baltimore City, Md. school yard AT WORK 27a. I certify that I took charge of the remains described above held an and in my apinian Homicide XX death resulted fram atural causes TITLE (SPECIFY) ACTUAL 7/3/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St. 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial KING MEMORIAL PARK Baltimore, Md. 07/84 25M 24 FUNERAL DIRECTOR 750 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Lerov O. Dyett 4600 Tiberty Hgts Ave. JULO סטצו (VR A15 ME (5))

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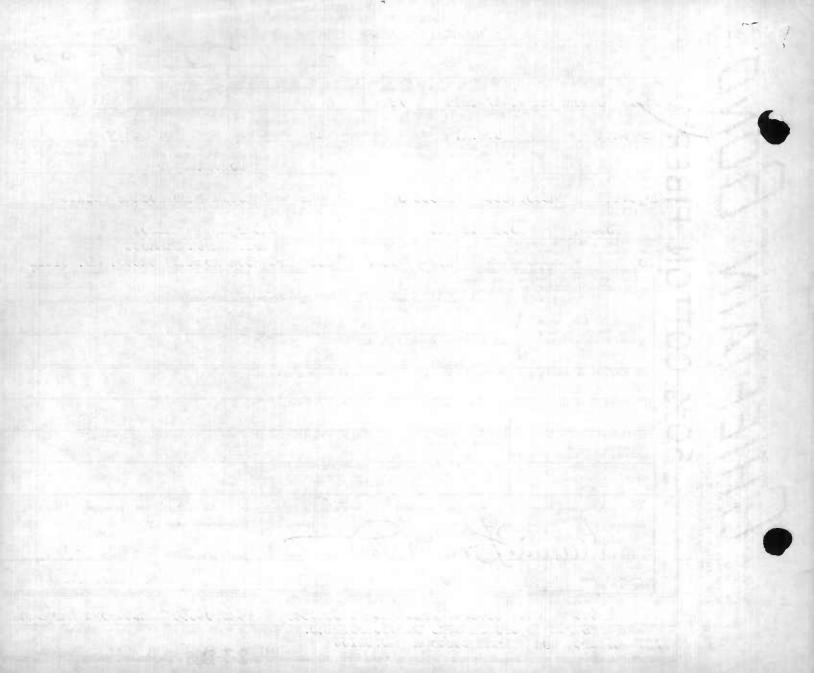


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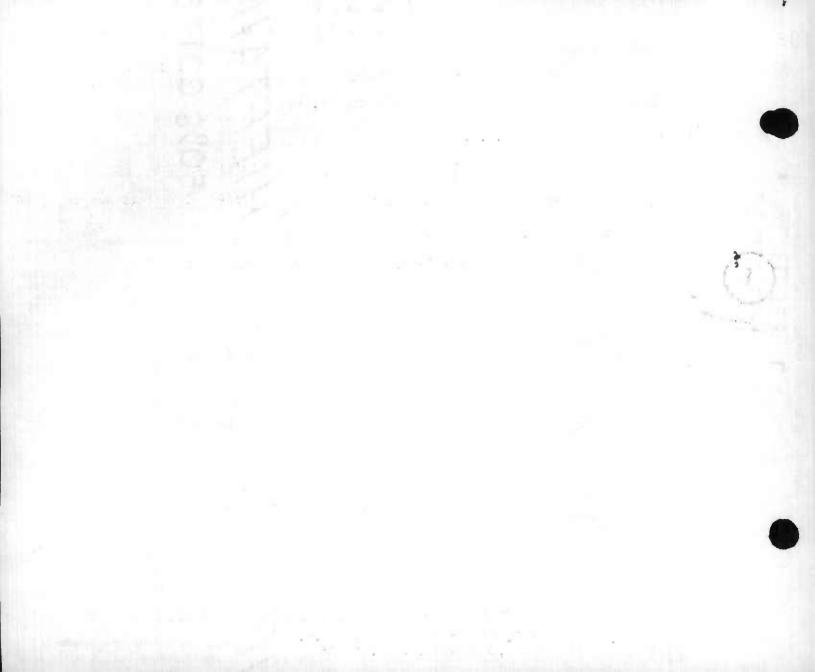
STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 SIE KNOWNYX (THEFE OR PRINT) DEATH MATED 1986 Hanseth Gertrude AGE (IN YEARS), SEX DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 5:16 1086 Caucasian 01-27-1913 DEAD 73 YRS BUT HPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maruland U.S.A. WIDOWED TO DIVORCED Baltimore City, D CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Housekeeper Sinai Hospital Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Balto. City 21215 Mary Land YES T NO [6500 Parr Avenue 15. MOTHER'S MAIDEN NAME MIDDLE Golembiewski Miros Walerya Joseph 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Mrs. Edwin Stringtt (YES, NO, OR UNKNOWN) 213-09-5227 6510 Brighton Avenue Balto. MD. 21215 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES -710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 7 If LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY WHILE NOT WHILE EXECUTE THE CERTIFICATE,
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AFTER DEATH, WITH THE ST Inspection X 270 I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian Undetermined manner death resulted from Natural causes Hamicide L TITLE (SPESIFY) 7-18-86 M.D. Assistant MEDICAL EXAMINER ADDRESS 111 Penn St., Balto., Md. EXAMINER'S NAME 21201 Dennis F. Smyth, M.D. (TYPE OR PRINT) 23g BURIAL, CREMATION, REMOVAL 23b DATE July 21,1986 Druid Ridge Cemetery Pikesville Baltimore Maryland 07/84 24 FUNERAL DIRECTO LOTING Byers Funeral Directors, Inc. 1250. DATE REC'D. BY REGISTRAR 1250 REGISTRAR'S SIGNATURE **DHMH - 17** Liberty Road Randallstown, MD. 21133 (VR A15 ME (5))



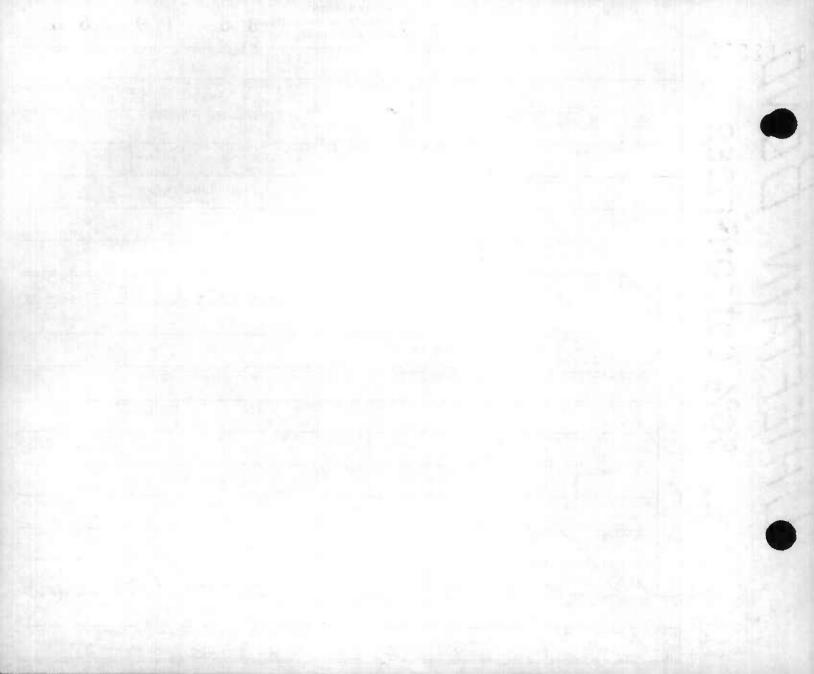
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HEGIENES. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH MONTH 1. DECEASED NAME 7h HOUR (TYPE OR PRINT) 7;45 JULY 29, 1986 T. GEORGE HARDT 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE IF UNDER I YEAR IF UNDER 24 HRS February 10,1912 White Male 74 O. BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED COUNTRY U.S.A. CITY Marualnd WIDOWED DIVORCED | BALTIMORE M CITY OR TOWN OF DEATH LT. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE Sales Manager Retail Sales JOHNS HOPKINS HOSPITAL 136. COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Ellicott City 3092 C Rogers Avenue Howard 21043 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Rich John Hardt Margaret ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17 INFORMANT Ruth Hardt 218-01-9550 Same as # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: ardiopulmonar 45 min IMMEDIATE CAUSE y ccaldia 0 Conditions, if ony, which gove rise to immediate couse (o), stating underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Cervical Stenosis NOID 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) NO 214 IN JURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) Z NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from [1] and that in (my) (our) opinion death occurred on the date and hour and from the causes stated S above, (1) (we) (did not) view the body ofter death. DEGREE 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE CALPUTAL 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23h DATE Ellicott City Burial 8/1/86 Good Shepherd Cemetery Maryland Leiby M. Russell C. Witzke Funeral Homes P.A Julate gen 1886 gala registrar's signature 1630 Edmondson Avenue, Catonsville, MD. 21228 DHMH - 16 50M 4/83 * (VRA 15, 4)



	TO HOSPITAL OR ATTENDING PHYSICIAN The tips requires that the death certificate be said and a china 24 haulis after don	retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician riple socializery filled in thy the funeral	should be detached for use as the buriol-training permit. Then please immove carbon papers. Party of grant schools be find within 721 with the State Dept. of Health and Mental Hagnere prior to burind, currentees to immove	IMPORTANT: If them 21 is marked or them 18 shows any many or other transmitted and the matter balliches dates
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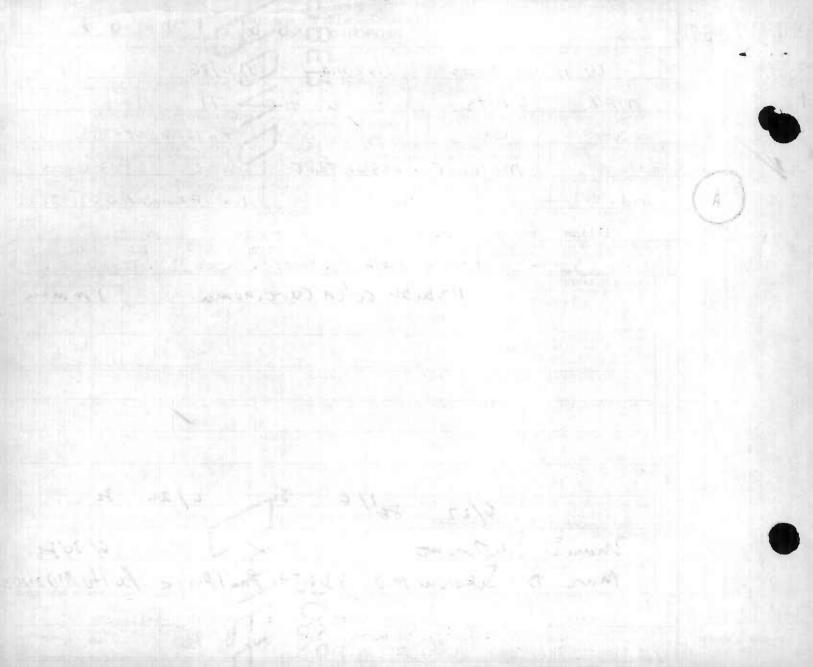
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FOR DEPARTMENT OF HEALTH AND MENTAL-HYGIENE - STATE CERTIFICATE OF DEATH C REGISTRAR 1. DECEASED NAME Pa DATE OF DEATH MONTH 2b. HOUR LITYPE OR PRINTS 50 iAm Thomas 4 RACE IF LINIDED 2 + MO DATE OF BIRTH TIN YEARS LAST BIRTHDAY) YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Boltimore New York **USA** DIVORCED [IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Baltimore Retired Salesman 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? FRANKLIN ST. 21201 130 Ita 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE William Howard Harman Katherine Meamy 17. INFORMANT Baltimore 160 WAS DECEASED EVER IN U.S. ARMED FORCES **ADDRESS** 16h SOCIAL SECURITY NO. MD 21201 LYES NO OR UNKNOWN) Mrs. Nancy E. Harman 1 W. Franklin St. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: colon Carcinoma monte IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from A Cond that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN should be de with the Stote 22. ADDRES 0 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Sacred Heart of Jesus Dundalk Burial 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 250. DAL C'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4) 8728 Liberty Rd. Randallstown, MD 21133

STATE OF MARYLAND



STATE OF MARYLAND 00-13965 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME LAST 20 DA OF DEATH MONTH [TYPE OR PRINT] Edward W. Harmon 4 RACE 5 DATE OF BIRTH 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) 07 B M TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED A NEVER MARRIED COUNTRY Washington U.s.a. Baltimore WIDOWED DIVORCED IO CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Baltimore Beth-Steel Uno i n Memorial Hospital SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13d INSIDE CITY LIMITS? STREET ADDRESS / ZIP CODE 402 Whitridge Avenue Baltimore Maryland YES X NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Naomi William Harmon ADDRESS. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214035837 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Musecardia gave rise to immediate (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse Trecourse res CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20e AUTOPSY? p ber NIA urial-transit p sho 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 00 HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF CHATH DIVISION OF MEDICAL (IF EITHER NOTIFY MEDICAL BRANINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ŏ CITY OR TOWN pud AT HOME STREET, FACTORY OFF 220 I certify that (1) (this haspital) attended the deceased from 86 saw the deceased alive an. abave, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE EGREE

MPORTANT: 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 7/31/86 BP. Eastview 24 FUNERAL DIRECTOR Willaim C. March F/H Inc. 1101 E.North Avenue (VRA 15, 4)

126. KIND OF BUSINESS OR INDUSTRY
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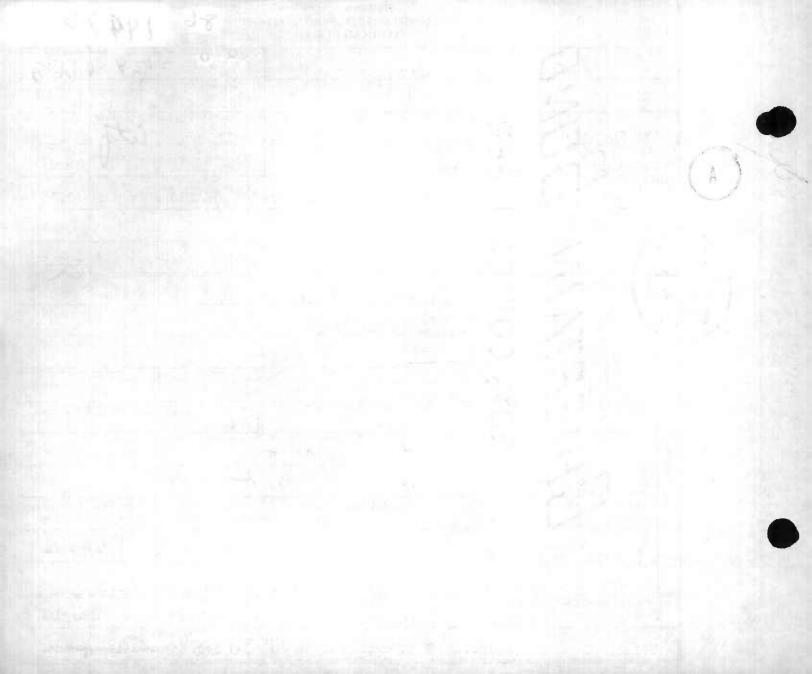
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Rosie R. Harmon 402 Whitridge Avenue 21218 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 86 , and that in (my) (aur) opinian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL Muchanden PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS David Kahan, M.D. The Union Memorial Hospital Baltimore Marylan d 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Freha Davidson Hondalle

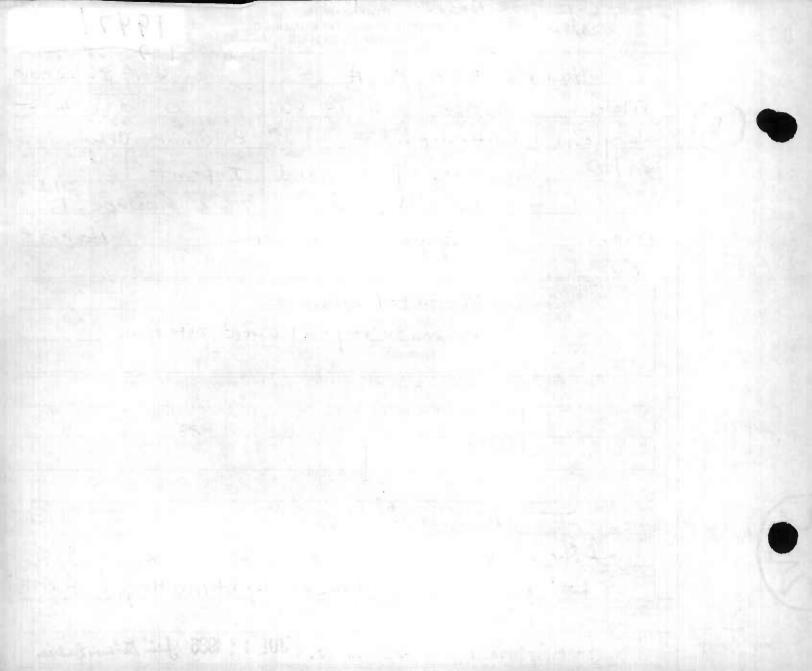
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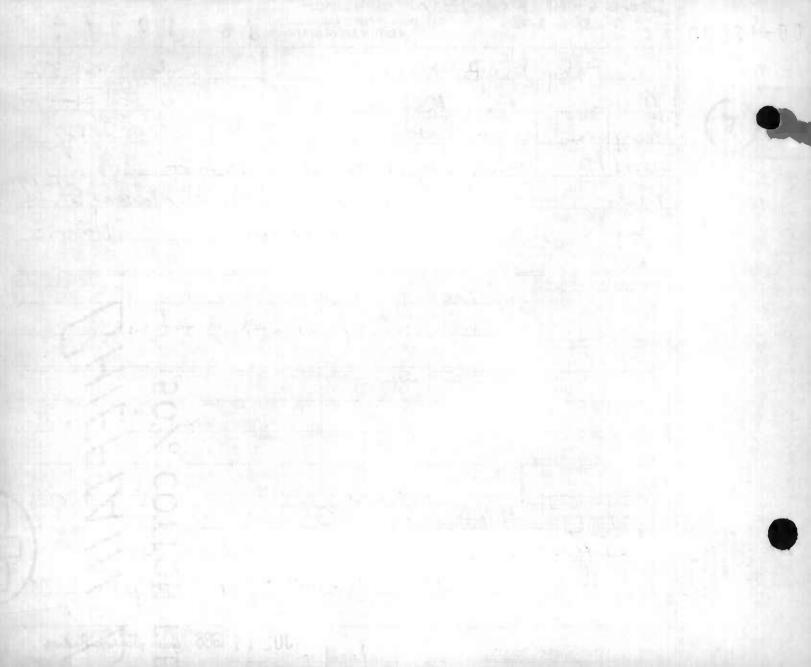


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DHMH - 16 50M 4/83	24 [NERAL DIRECTOR NAME Anatomy Board ADDRESS Balto., Md. Prove Rec D. BY REGISTRAR'S SIGNATURE Fulla Dender Redden.
(VRA 1S, 4)		Anacomy Board Barco., Md.

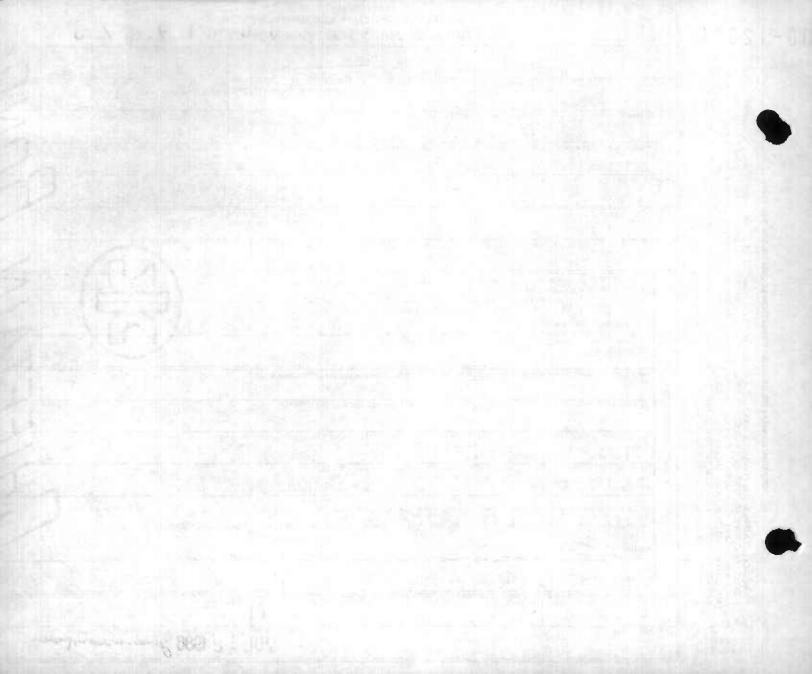
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	Items 6-13 per Hosp. STATE OF MARYLAND
00-12000	FOR 7/25/86 DAD DEPARTMENT OF HEALTH AND MENTAL HYGIENE
00-12090	REGISTRAR CERTIFICATE OF DEATH 8 REG. NO.
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BP	Removal 7-3-86 FUNERAL DIRECTOR PAGE PECOL BY REGISTRAR AND REGISTRAR SUBMITTEE
DHMH - 16 50M 4/B3	



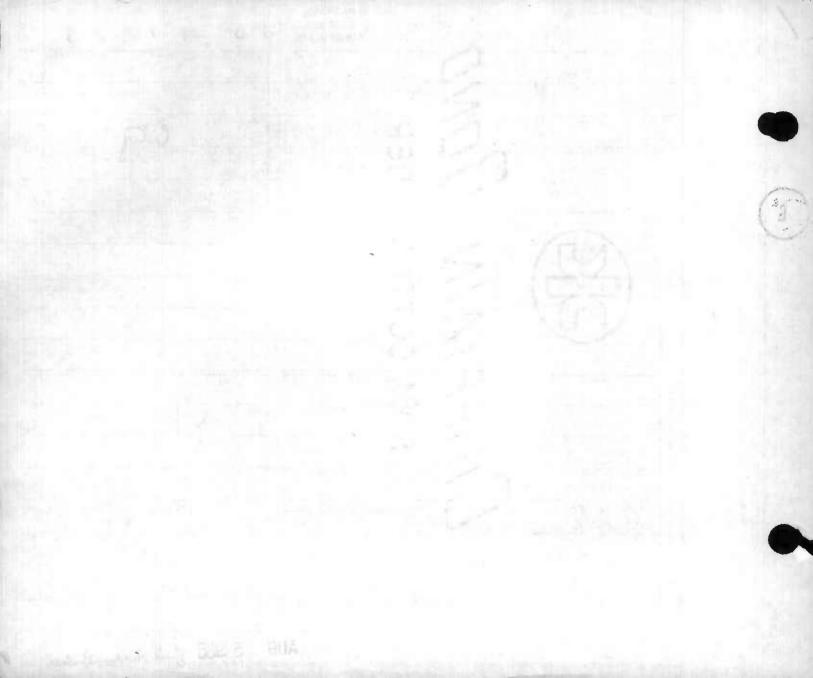
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME O. DATE KNOWN (TYPE OR PRINT) DEATH MATED X Jerald Maurice Harris 121986 4. RACE IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED 10:06 1958 27 DEAD Male Black 13 19 86 TO BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland Baltimore City. IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRE Baltimore 601 Linnard Street Carpenter Employed USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e STREET ADDRES 601 Linnard Street 13d. INSIDE CITY LIMITS? 13b COUNTY 13c. CITY OR TOWN Maryland Baltimore Baltimore, Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME James N. Smith Marie Harris 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. 607 PREmnard Street IYES, NO. OR UNKNOWN No. 219-70-1340 Mrs. Marie Harris Baltimore, Md. 21229 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Intravenous narcotism DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20 AUTOPSY? DEPARTMENT OF YES X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING DER 19 86 Subject used drugs CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK STATE home 601 Linnard St. Balto. MD 220. I certify that I took charge of the remains described above, held an Inquiry Undetermined manner Homicide TITLE (SPECIFY) Assistant 7/14/86 William M. Zane, M.D. EXAMINER'S NAME 111 Penn St. Balto.MD. TYPE OR PRINT 230. BURIAL CREMATION, REMOVAL 236. DATE 23d. LOCATION 7/16/1986 Louden Park Cemetery Burial Baltimore, Maryland 07/84 25M 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 NUTTIER CORSONS FUNERAL HOME, INC. DHMH - 17 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216 (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME SUE 2s DATE OF DEATH IRENE HARRIS LITYPE OR PRINTS HARRIS SUE JULY 7.1986 12:30MAN 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS MONTH DAY YEAR 23 10 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED N.C. U.S.a. WIDOWEDKT DIVORCED [] BALTIMORE CITY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL (BUGLE) Laundry 13a STATE 13b COUNTY 13d INSIDE CITY UMITS? 13e STREET ADDRESS / ZIP CODE 433 Illchester Street 21218 Maryland Baltimore NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Rufus Bullock. Georgia ewis ADDRESS 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT IYES. NO OR UNKNOWN) HEYES GIVE WAR OR DATEST 218261577 Joyce Nicolson 16 Virginia Avenue no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 20h IF YES, WERE FINDINGS USED 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO I 216. TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDIC ALEXAMINERS P.M 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from 19.86 sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN L 22e ADDRESS CRNANDEZ, MS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23h. DATE Burial 7-12-86 Baltimore Co. Crestlawn BP. Cemeterv 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 March Funeral Homes 1101 East North Avenue . Szijdram Randelle (VRA 15. 4)

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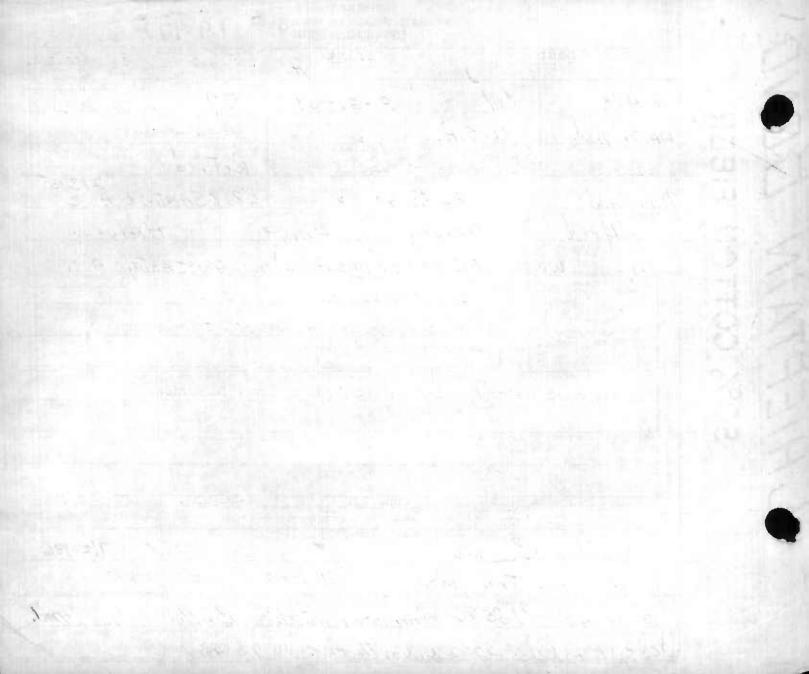
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH MONTH 25-9-IOUR LIVPE OR PRINTI 3 Thomas w. Harrison Jr. 3. SEX 5 DATE OF BIRTH 4 RACE AGE (IN YEARS LAST BIRTHDAY) YEAR 23 93 Male White TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S. WIDOWED Baltimore DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Union Memorial Hospital Agent Insurance JOUAL RESIDENCE (IF NURS HE OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS 2 13e STREET ADDRESS / ZIP CODE Balto. 2210 Clove Terrace 21209 Md. 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Knight Harrison Thomas W. Julia 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) Sister Helen Harrison - Same as 212-07-4984 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic. PART I. DEATH WAS CAUSED BY CAMBIAC AMESSS IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF MENINGIAS restrial Conditions, if any, which gove rise to immediate couse to stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? NO [YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) OI 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STREET STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from DIRECTOR sow the deceased alive on. and that in/my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c DATE/SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Dr. P. Holt UNION Memorial Hospital 0 % 230. BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION I SPECIFY) CITY OF TOWN COUNTY STATE 7-31-86 Remova] BP. 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 ulia Dividente Anatomy Board Balto., Md. (VRA 15, 4)



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BP_	- w > <u>=</u>		Burial REMOVAL	7-3-86		EMETERY OR CREMATORY thedral	Baltimore	
	16 60M 7/84 A 15, 4)		UNERAL DIRECTOR NAME tchell-Wiedefel	d Home 6500 V	ork Road	11.0	REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE

Elling Little Williams 139

STATE OF MARYLAND -DEPARTMENT OF HEALTH AND MENTAL HYGIER - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME Last Frist July 20: LTYPE OR PRINTS 1986 11:32A. Harvey 4 RACE & AGE LIN YEARS LAST BIRTHDAYL IF UNDER 1 YEAR 3. SEX 5. DATE OF BIRTH 70 BIRTHPLACE MINE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IS CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADORESS) TYPE OF ORK MOST OF VORKING LIFE INDUSTRY Maruland General Hospital Baltimore 13e STREET ADDRESS / ZIP GODE 136 COUNTY 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST (8/CAUSE OF DEATH (Enter only one cause per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Cardiopulmonary Arrest as a result of DUE TO, OR AS A CONSEQUENCE OF b) Probable Myocardial Infarction/CHF/Broncospasm Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 FICATION Chronic renal failure/Anemia/Pneumonia/Urinary Tract Infection 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INTURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM, ETC.) AT WORK AT WORK 1086 220.1 certify that XI) (this haspital) attended the deceased from June 23, July 86 saw the deceased alive on July 20, obove XX we) (did) (did XX view the body ofter death 19 86 and that in KX (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF 7/20/86 DIRECTOR PHYSICIAN d b c/o Maryland General Hospital WILLIAM nd. **EUNERAL DIRECTOR** 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 who Daydoon- janker (VRA 15. 4)



				STATE OF MARYLAND		
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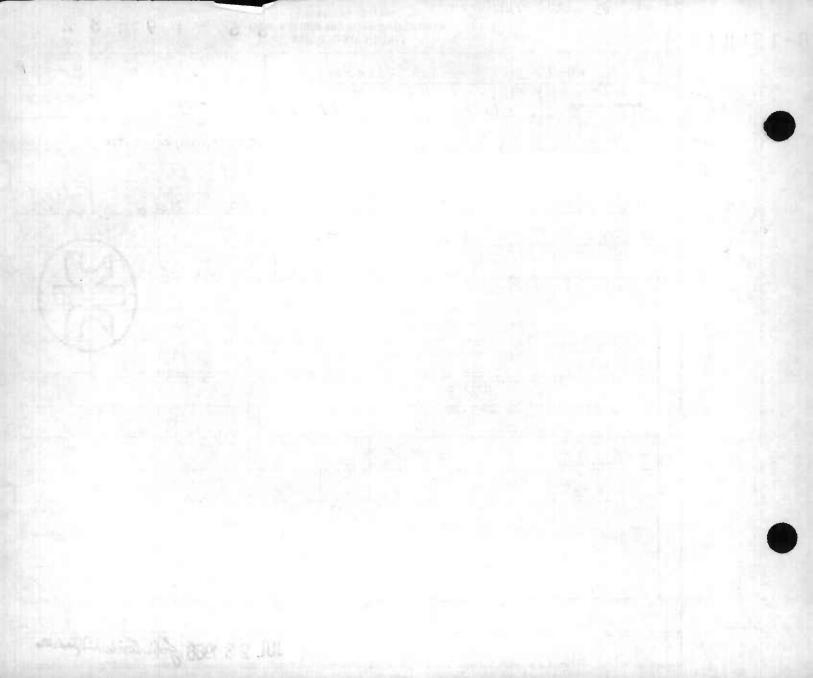
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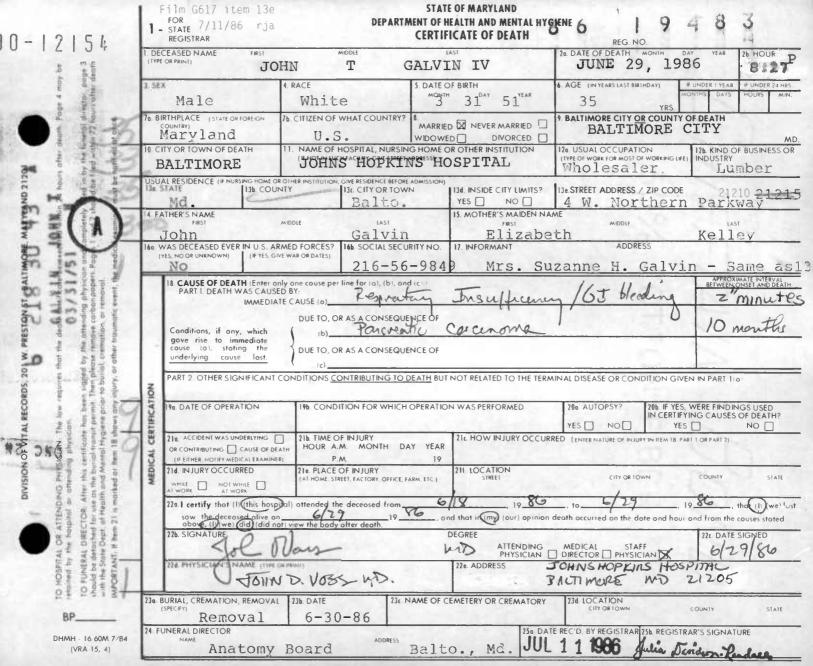
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH TYPE OR PRINT MICHAEL A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH MONTHS DAYS HOURS MALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED WEVER MARRIED DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOMEJOR OTHER INSTITUTION 12b. KIND OF BUSINESS OITY OR TOWN OF DEATH INDUSTRY S&HOOF: ARYLAND 2120 USUAL RESIDENCE (IF NUR 13d INSIDE CITYLIMITS? 14 FATHER'S NAME MOTHER'S MAIDEN NAME .S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (YES, GIVE WAR OR DATES) [YES NO OR UNKNOWN] 212=80-6991 4603 TALMAN RD. BALTO., MD 21208 18 CAUSE OF DEATH (Enter only one cause per line for ia), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITIONS GIVEN IN PART 110 NO THE CONDITION FOR WHICH OPERATION WAS PERFORMED 78b. IF YES, WERE FINDINGS USED 1% DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH DIVISION OF VITAL 716 TIME OF INJURY THE HOW INJURY OCCUPAGE SOUR OF PAGES PATTE AND THE FAREST PART IT 21a. ACCIDENT WAS UNDERLYING ∞ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) TH LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY **ERY OR TOWN** COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that this hospital) attended the deceased from and that if (my four) opinion death occurred on the date and hour and from the causes stated did not) view the body after deoth 22c. DAJE SIGNED FUNERAL old be deta DIRECTOR TO PHYSICIAN T 222 ADDRESS IMPORT 4 0 23d LOCATION 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL GREMATION, REMOVAL 236 DATE ISPECIFY BURIAL JULY 15,1986 BETHEL MEM. PARK RANDALLSTOWN BALTO. MDD SOL LEVINSON & 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 6010 REISTERSTOWN RD. BALTO MD 21215 (VRA 15, 4)

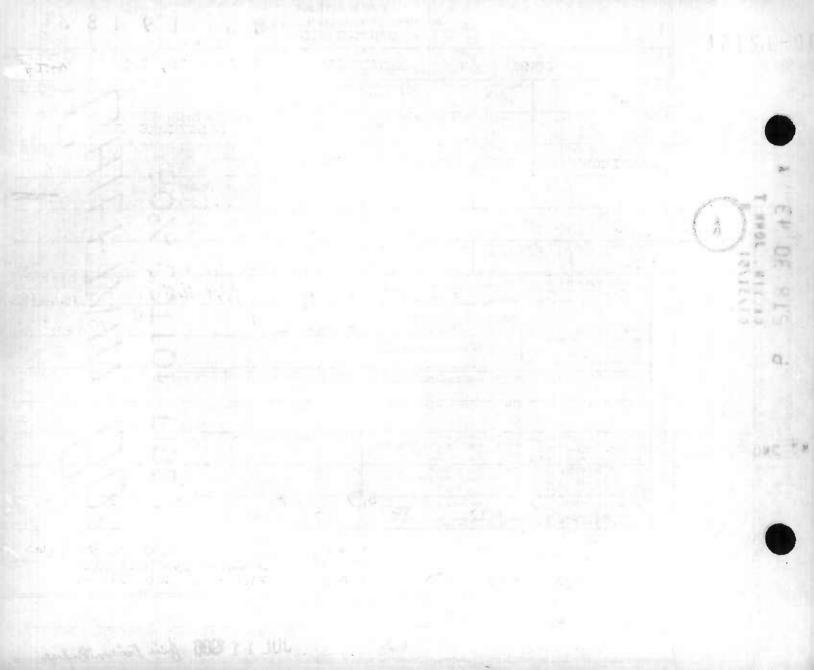
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BP	BuriA	August 6, 1986 Mount Pleas And CEMETERY BANGOF, PENODS Cot	COUNTY STATE
	24 FUNERAL DIRECTOR	50 W. Brown & Williams 7 250. DATE REC D. BY REGISTRAN 256 REGISTRA	AR'S SIGNATURE
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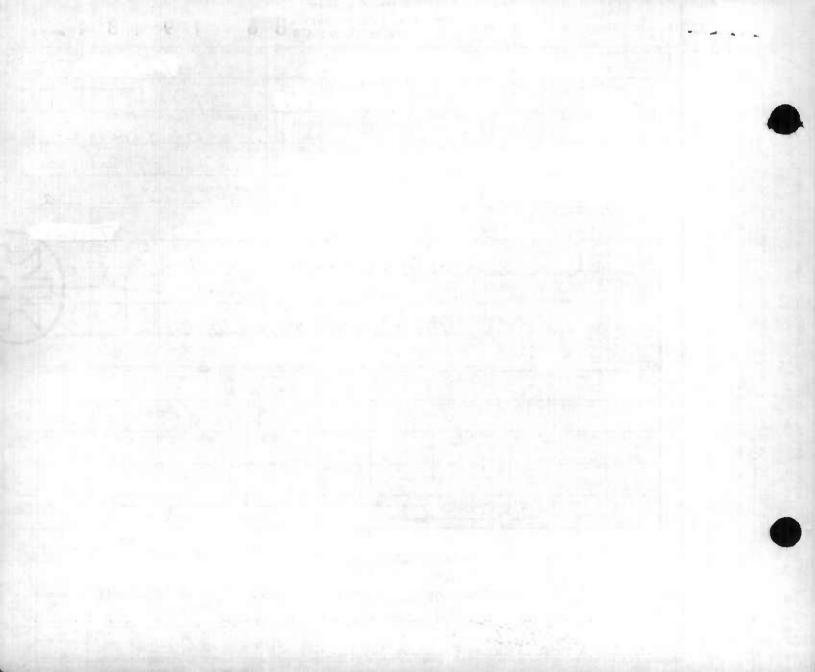
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		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER]	21b, TIME OF INJURY HOUR A.M. MONTH D P.M.	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM IB P	ART I OR PART 2)
his con the lor th	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
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			attended the decored from	10.5 L	10 // (/	
or officers and or officers are or the morker	'n	220.1 certify that (1) (this haspital), saw the deceased alive an	1/19 105		death accurred on the date and hour	19, that (1) (we) lost and from the couses stated
OR ATTENDING he haspital or oth DIRECTOR. After ached for use as th Dept. of Health or			ew the body ofter death	DEGREE ATTENDING	MEDICAL STAFF	
AL OR ATTENDING r the hospital or oth AL DIRECTOR. After detached for use as th at Dept. of Health or IT: If them 21 is market		sow the deceosed olive on obove, (I) (well-did) (did not) viii 27b. SIGNATÜRE 27d. PHYSICIAN'S NAME (TYPE OR PRIL	ew the body offer death. Williams	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	and from the couses stated 22c. DATE/SIGNED 7/19/4
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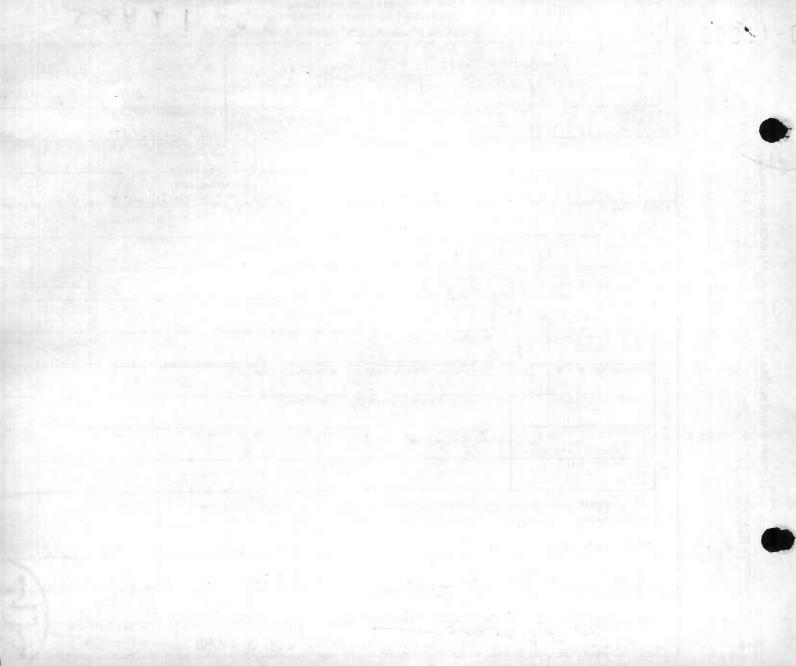




STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCLENE - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR DECEASED NAME 28. DATE KNOWN AMONTH YEAR 75 HOUR (TYPE OR PRINT) ESTI-DEATH MATED William Michael 2 19 86 Garay, Sr. 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS MONTH 2d. HOUR 4 RACE DATE OF BIRTH DATE MONTH LAST BIRTHDAY) PRONOUNCED :28A July DEAD 9, 1923 1986 63 YRS White Jan. 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY) WIDOWED . DIVORCED Pennsylvania USA Baltimore City 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore St. Agnes Hospital Elec. Eng. Westinghouse WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) HIS COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN YES [NO V Maryland A Co. Glen Burnie 8908 Michele Lane 21061 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST E. Aleksa Michael W. Garav Mary 17. INFORMANT DIVISION 16 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (Wife) MES. NO. OR UNKNOWN) 184.16.6365 Same As 13 WWII Jeanette B. Garav APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BE USED AS A BURIAL - TRANSIT PERMIT. NT OF HEALTH AND MENTAL HYGIENE, D BURJAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolus DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19n. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF HE BALL WORTH, WITH THE STATE DEPARTMENT OF HE BALL WORTH WORTH WARNIAND, 21201 PRÍOR TO BURBA, YES X NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE X 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Inquiry death resulted fram Natural causes Accident Homicide L Undetermined monner TITLE (SPECIFY) MDAssistant SIGNED 7/2/86 MEDICAL EXAMINER EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL ZIA DATE 231 NAME OF CEMETERY OR CREMATORY COUNTY STATE July 7.1986 Maryland Veterans Cemetery Crownsville A A Co. Md. BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Glen Burnie, Maryland Singleton Funera Home 20M 4/82



STATE OF MARYLAND

23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/B3 3000 E. Baltimore St., Balto., Md. 21224 (VRA 15, 4)

(SPECKY) Burial

Holy Redeemer Cemetery-Baltimore, 24 FUNERAL DIRECTOR Ohn A. Moran, Inc. Funeral Home. DATE REC'D

2b. HOUR

Homemaker

BETWEEN ONSET AND DEATH

21224

COUNTY

22c. DATE SIGNED

STATE

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		OR PRINT!	FIRST	MIDDLE	l.	AST	19	20 DATE OF DEATH	MONTH (DAY YEAR	26 HOUR	
	(ITPE		JLIETTE	Н.		DNER		JULY 27,			м	
H	T. 5E)		4. RACE		5. DATE C		YEAR	6. AGE IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS	
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2	Ja Bil	RTHPLACE (STATE OR FOR	FIGN 76 CITIZEN	OF WHAT COUNTRY	? 8	D NEVERA	AARRIED T	9 BALTIMORE CITY C	R COUNTY	OF DEATH		
U	No	orth Carolir		J.S.A.	WIDOWE	D DN	ORCED _	BALTIMORE		,	MD.	
-	10. CI	TY OR TOWN OF DEATH	(IF NOT IN	OF HOSPITAL, NURSI		OR OTHER INST	ITUTION	120. USUAL OCCUPAT			F BUSINESS OR	
Q.		BALTIMORE		N. KENWOOL		UE		N/A	100			
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1		aryland		Baltimo	ore	YES XX	NO 🗌	923 N. Ke	nwood	Avenue	21205	
	14. FA	THER'S NAME	MIDDLE	LAST			MAIDEN NAM	WE		LAS	ī	
9		Lennie		Smith		Ma	mie			Smith		
		VAS DECEASED EVER IN	U.S. ARMED FORCE		URITY NO.	17 INFORMA	NT	ADDRI				
l.	,,	NO		218-18-9	9897	Charli	e A. G	ardner 923	N. Ke	enwood	Avenue	
31		18 CAUSE OF DEATH I	Enter anly one cause	per line far (a), (b) a	nd ici	CHN			39.00	BETWEEN	MATE INTERVAL ONSET AND DEATH	
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		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if any, which ((b)										
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	24	underlying cause	lost.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
		PART 2. OTHER SIGNIF	ICANT CONDITION	CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1:0	, ,	
	ON O											
2	CERTIFICATION	190 DATE OF OPERATIO	N 196 CO	NDITION FOR WHICH	H OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	, WERE FINDIN			
-	TE I	CAND IN THE					4.0	YES NO	YE:			
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7	CAL	OR CONTRIBUTING CAU	SE OF DEATH	P.M.	19							
/	MEDICAL	21d. INJURY OCCURRED		CE OF INJURY	5 1 D 11 5 2 C 1	211 LOCATIO	N	CITY OF TO)WN	COUNTY	STATE	
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		22a.1 certify that (1)	nis hospital) attende	d the deceased from.		M DAY	, 19 0-	1) Juli		19 00	that (we) last	
		saw the deceased	alme on a did nat view the b	dy atter death	_db_, or	nd that in my	(aur) apinian	death accurred on the d	ate and have	and from the	causes stated	
		22b. SIGNATURE	11/	/		DEGREE				22c. DATE		
		10	in Calla	ulcome	CN	A	TTENDING PHYSICIAN	MEDICAL STA		17.2	8.86	
		224 PHYSICIAN'S MAM	E (TYPE GRIPPITE			22e ADDRES		^	1			
		Ross C.	Janella	W, vew	C	Johns	i Hopl	JNU ZNILL	. CAN			
		SURIAL, CREMATION, RE				EMETERY OR C		23d LOCATION	A - 1	COUNTY	MAL STATE	
		SBUR I AL	8/1	./86 Ba	altimo	re Ceme		Balttimor			Md.	
4		JNERAL DIRECTOR		ADDRESS		0	25a DAT	E REC'D. BY REGISTRAR	256 REGIST	RAR'S SIGNAT	URE	
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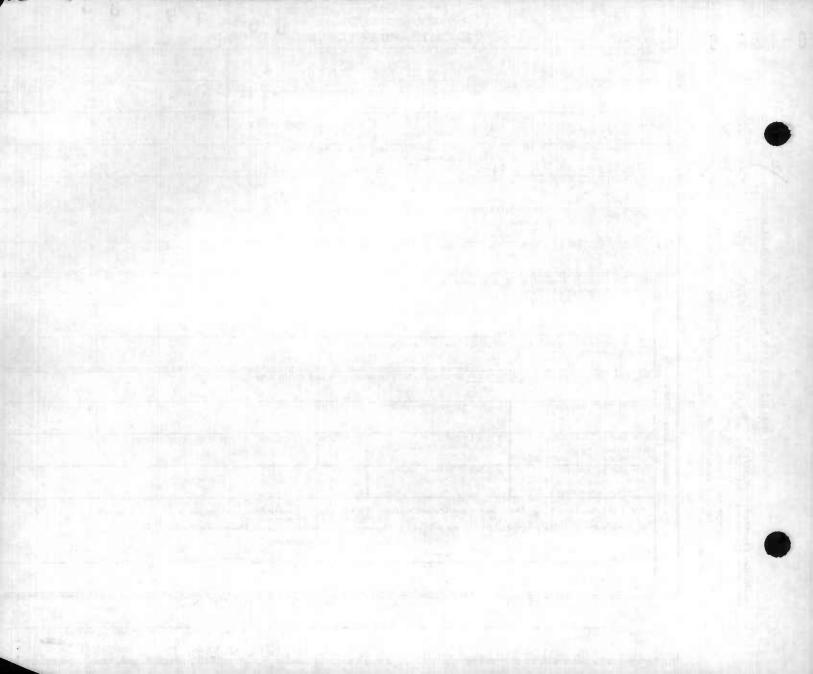
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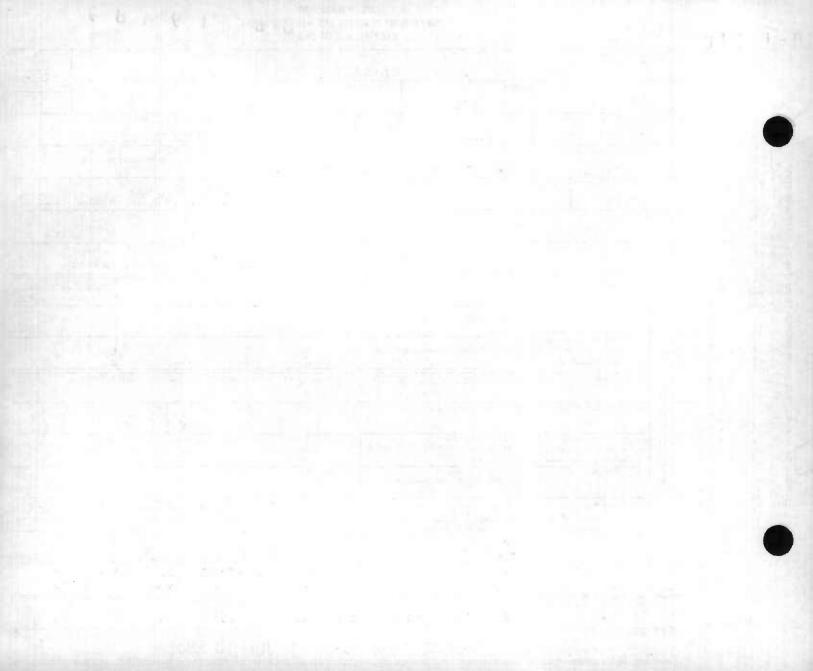
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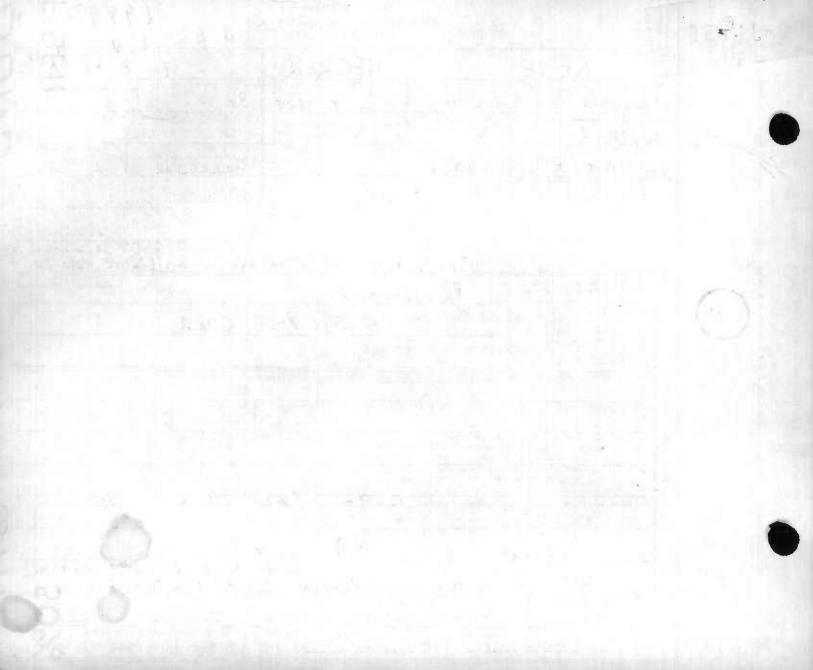
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MD.	H. 18.	14. F.	ATHER'S NAME	MIDDLE		LAST	1	5 MOTHER	S MAIDEN NAM			LAST	
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BALTIMORE,	JRS AFTER S. GIVE PA WITH FOR I. PAGES I DIVISION		No			30-9152		Loui	se Gardne	er 44	38 Pen 1	lucy Roa	
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×.	WIT TRAINE		gave rise to immediate couse (a) stating the under-		2 AS A COM	NSEQUENCE OF							
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DIVISION OF VITAL RECORDS,	ARE, THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU ARE, WRITING THE WORD "PRINDING" IN PENCIL IN ITEM IF ORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG YEAR PAGE 3 HOULD BE USED AS A BURIAL. TRANSIT PERMITES THE STATE EPERATMENT OF HEALTH AND MENTAL HYGIENE, NO. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	CERTIFICATION	190. DATE OF OPERATION	196 COND	TION FOR	WHICH OPERA	TION WA	SPERFORM	AED?			20 AUTOP	SY?
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	WAN WAN		ACTUAL		1			TITLE (SP			DAT	F 7/20	100
	EAR SHIP		SIGNATURE				M.D	AS	sistant	DICAL EXAMINER	SIG	E 7/28	/86
	TO MEDICAL EXAMINÉR: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR. PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	0	EXAMINER'S NAME (TYPE OR PRINT)	William M	. Zan	e, M.D.	ΔΓ	DDRESS	111	Penn St.	Balt	o.MD.	
	PAG PAG —	23a.B	LIDIAL CREMATION REMOVAL			NAME OF CEME				OCATION			
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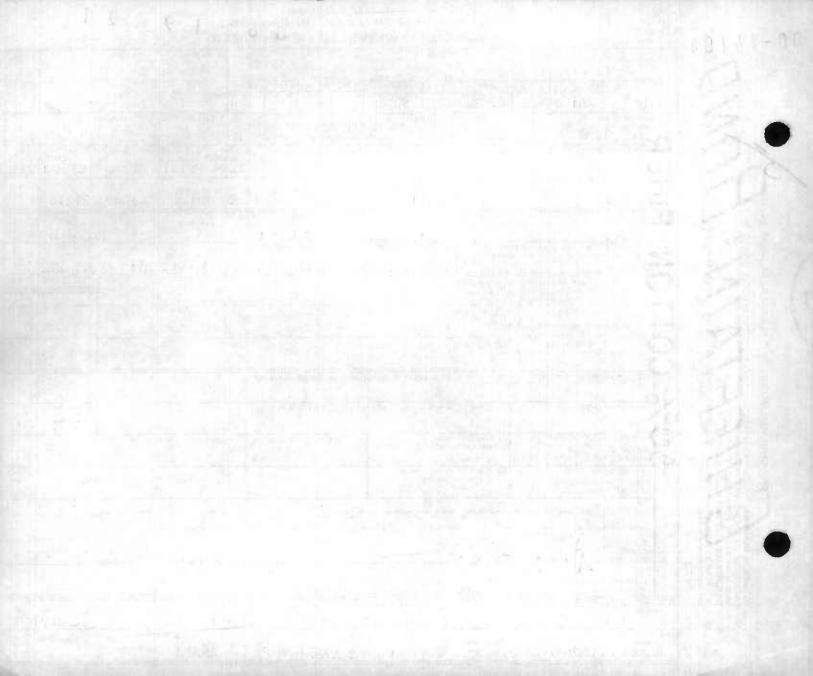
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	e E	fer p		3. SE		4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS	LAST BIRTHDA	MONTHS		HOURS MIN.
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ND 213	24 hou	filled in ould be		13a.	AL RESIDENCE (IF NURSING HOME (STATE 13b. COL		GIVE RESIDENCE BEFO 13c. CITY OR TO Balti	WN	134 INSIDE CITY L	IMITS?	13° STREET ADD	RESS / ZI	erne A	venue	21213
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DS, 201 W. PRE	quires that the d	signed by the o	njury, or other tro	NO	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	((c)	ras a conseq	UENCE OF	, diabet			CONDITI			
A RECOR	ne low re	hos been permit. I ene prior	2 2 2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORME	D	YES TO NO		DE IF YES, WER	CAUSES C	GS USED OF DEATH?
DIVISION OF VITAL RECORD	PHYSICIAN: TI ending physicia	buriof-tronsid Mentol Hygis	E 7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.	M. MONTH M.	DAY YEAR	21c HOW INJURY	Y OCCURRE	D (ENTER NATURE	OF INJURY IN	ITEM 18 PART 1 O	R PART 7)	
OIVISIO	ING PHY	fter this os the bu	orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY IEET, FACTORY, OFFICE	, FARM, ETC }	211 LOCATION STREET		CI	TY OR TOWN	C	OUNTY	STATE
	R ATTENDI	CTOR: A	n 2 i is m		22a I certify that (II) this has sow the deceased alive a above, (I) (we) Taid) (did n	pital) attended the said view the body	deceased from 19 ofter death.	86, ar	nd that in (my) (our	ppinion d	eoth occurred or	the date	ond hour ond	from the co	ouses stated
	TAL OR y the ho	e detached State Dept	E		276. SIGNATURE 8. Servi	Jano	tt		PHYS	NDING SICIAN [MEDICAL DIRECTOR [STAFF		7/2	0/86
	O HOSPI	should be de	I STOKE		E. Serrin	Gant			220 ADDRESS O		WOLFE		BALTO	212	MD 05
	Te	⊢ ₩ ≯ ₹	_	23a	BURIAL, CREMATION, REMOVA				EMETERY OR CREM		23d LOCATIO	N	cour	NIY	STATE
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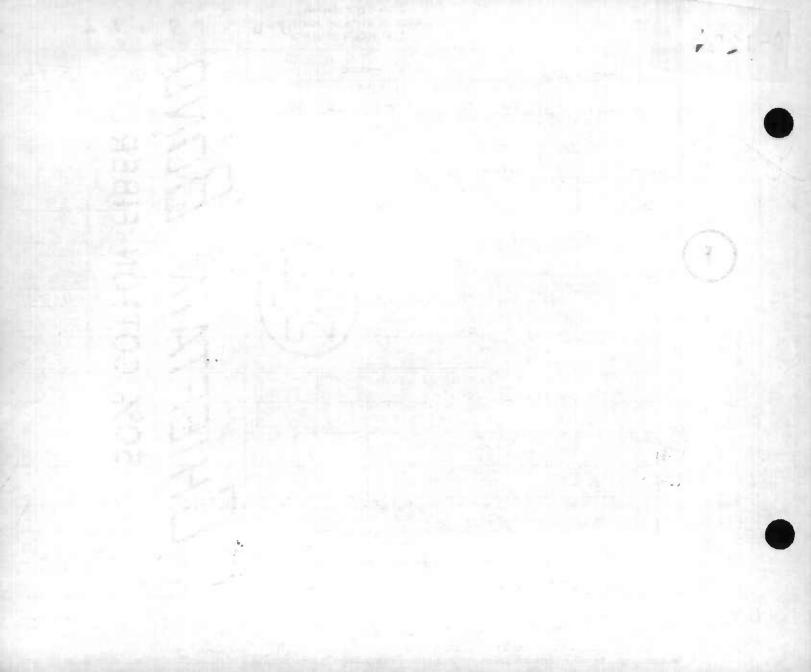


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-1259 - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH LIYPE OR PRINTI 3 DSE 8 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5. DATE OF BIRTH 3 SEX MONTH YEAR BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED BALTIMORE CITY DIVORCED [12b. KIND OF BUSINESS OR INDUSTRY HOUSE CITIE AT HOME 15 MOTHER'S MAIDEN NAME FATHER'S NAME B. DDLE MAIDDLE NATHAN FLETSCHER AMELIA LAMPEL MRS. FLORENCES CHORAK/GERBER 10 10 A 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? HE YES GIVE WAR OR DATEST IYES, NO OR UNKNOWN) 1190 W. NORTHERN PARKWAY, APT. 624 M#21220 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line of to), (b), and ic).
PART I. DEATH WAS CAUSED BY: NEIMONIA IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF STATUS POST C. W.A. Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED 20a AUTOPSY 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [NO YES [210. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 DIVISION OF VIT HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (dld) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED KM ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e. ADDRESS MPORT 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE BALTIMORE (SPECIFY) BURIAL JLY 10,1986 GREATER BALTO.LODGE MARYLAND SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR - 16 50M 4/83 MAM 6010 REISTERSTOWN RD. BALTO., MD Julia Durdon Handaise 21215 (VRA 15, 4)

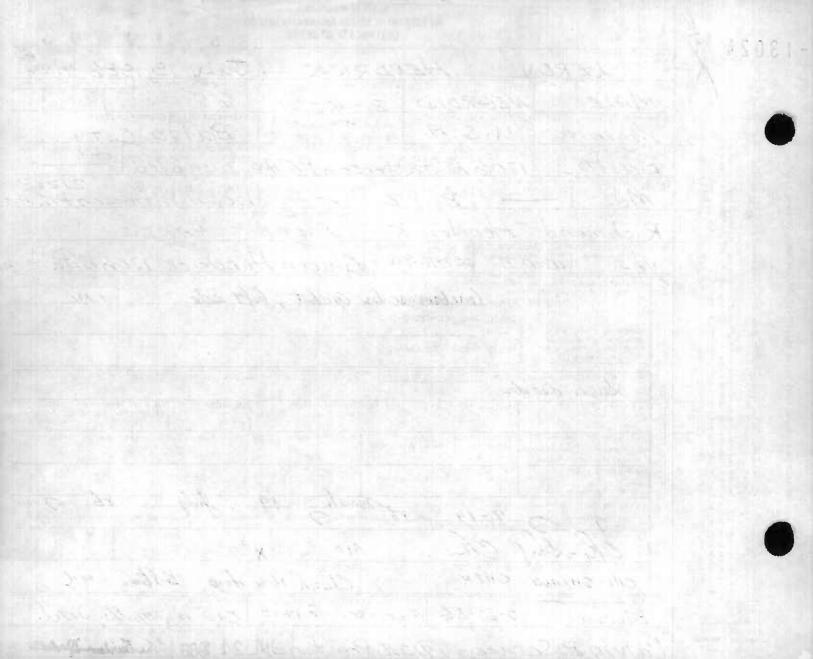


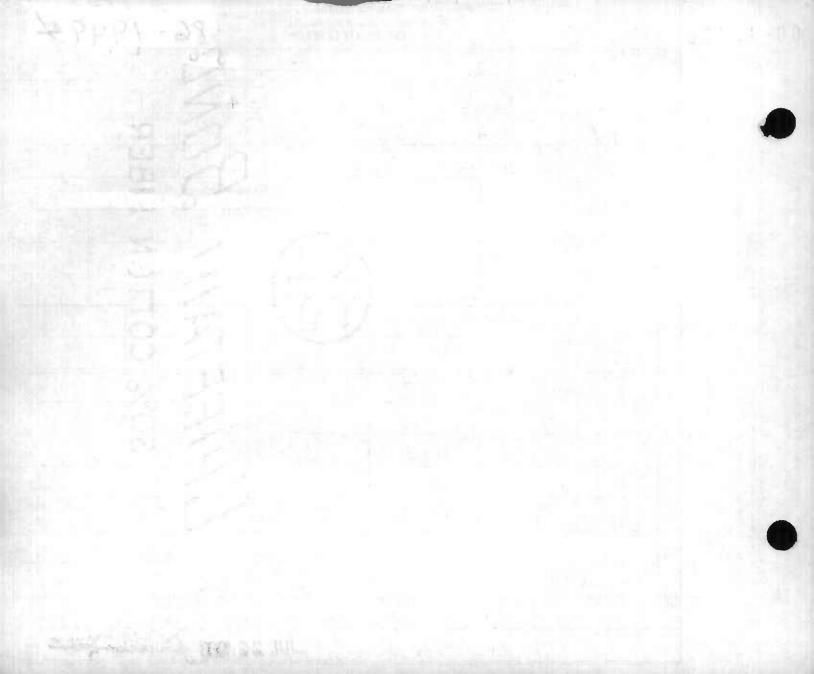
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. L DECEASED NAME FIRST (TYPE OR PRINT) page . IF UNDER 24 HRS 4 RACE IF UNDER I YEAR 3 SEX YEAR To. BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? rainia DIVORCED 126. KIND OF BUSINESS OR CITY OF OWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 0 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? tatterson YES NO T 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, NO Deizur disorder 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NOF YES T 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram and that in (my) our) apinion death occurred on the date and haur and from the causes stated saw the deceased alive on abave (We) (did) fold not view the bady after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING M MEDICAL DIRECTOR PHYSICIAN PORTAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDBESS d b CHI-SHIANG 230. BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION DHMH - 16 50M 4/83 (VRA 15, 4)





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STATE OF MARYEAND DEPARTMENT OF HEALTH AND MENTAL HYGIEVE CERTIFICATE OF DEATH

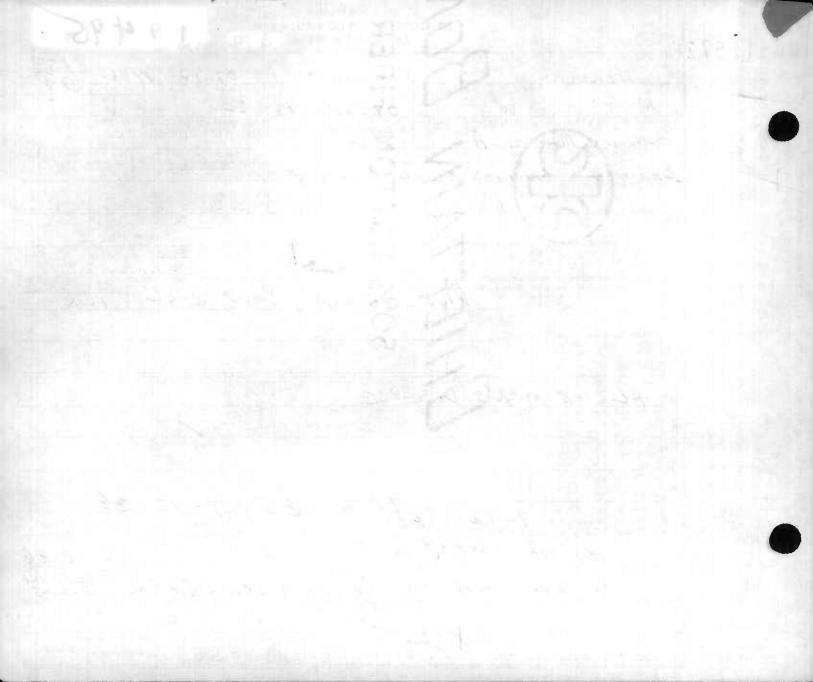
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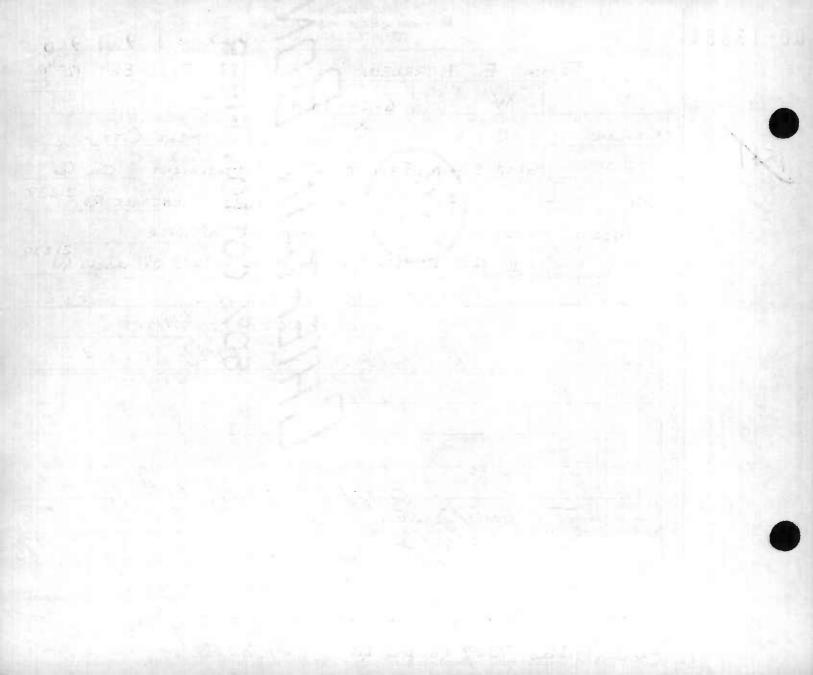
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	CEASED NAME	FIRST	MIDULE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	כישוקיי וו					
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	gove rise to immediately couse (o), stating												
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E							YES 🗌	NO 🗌					
CE	210. ACCIDENT WAS UNDER	1101	ME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 1	B PART I OR PART	(2)					
-	OR CONTRIBUTING CAL	JSE OF DEATH		TH DAY YEAR									
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	sow the deceased above, (1) (we) (did	(did not) view the	body after death	19 6 . 0	nd that in (my) (our) opinion	death accurred on the date and h	out and from	the causes stated					
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DHMH - 16 60M 7/B (VRA 15, 4)

TO HOSPITAL

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH FIRST MONTH YEAR 2h HOUR TYPE OR PRINTS oge 3 8 86 BARBARA HESS 4. RACE A AGE LIN YEARS LAST BIRTHDAY IF UNDER LYEAR IF UNDER 24 HRS 5. DATE OF BIRTH 3 SEX 1897 88 White Female YRS 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY Maryland Baltimore City TISA WIDOWEDK DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Housewife Homemaking Hamilton Nursing Home Balto. City USUAL RESIDENCE | IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION|
130. STATE | 131. COUNTY | 131. CITY OR TOWN 13. STREET ADDRESS / ZIP CODE 4017 Putty Hill 13d INSIDE CITY LIMITS? 21236 Ave. Baltimore Maryland 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Diegert Klein Margaret Adam ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Fred Hess 4017 Putty Hill Ave. 21236 212-24-8902 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH poper 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and (PART I. DEATH WAS CAUSED BY andio pulmonary IMMEDIATE CAUSE (o ingestive Heart Failure Conditions, if any, which gove rise to immediate couse (a), stating underlying couse lost. Monfficiency ple CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION 0 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? ė, NO YES [NO [Ě 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) Hy 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH Mentol WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 6 CITY OR TOWN COUNTY STATE the l (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) Pe NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from, saw the deceased alive on July 2 above, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and how and from the causes stated 226 SIGNATURE 22r. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT, 6801 Belair Road Balto. Md. 21206 (665-7677 JOSEPH LIN. M.D. 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Baltimore, Maryland 7-11-86 Parkwood Cemetery Burial BP Belair Rd 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

BALTO. MD. 21236

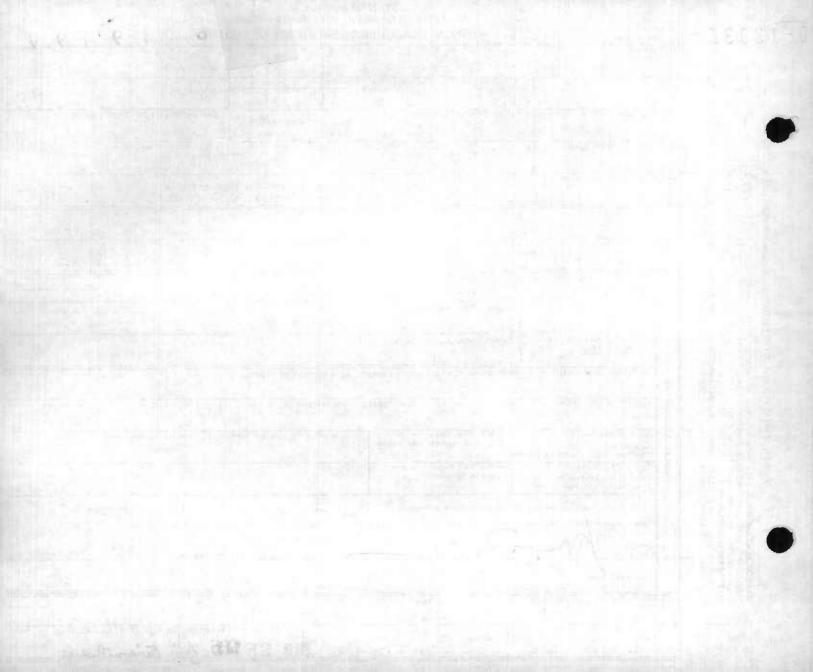
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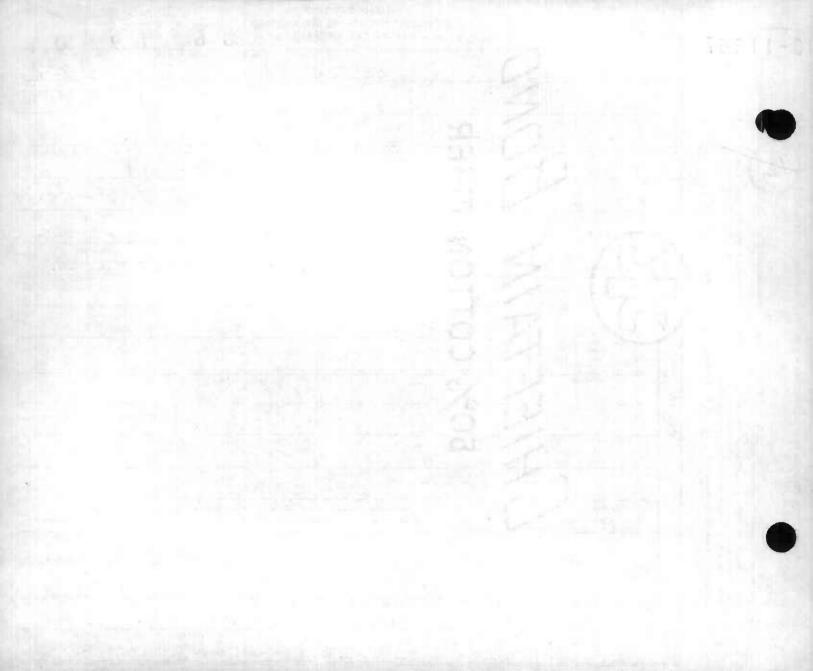
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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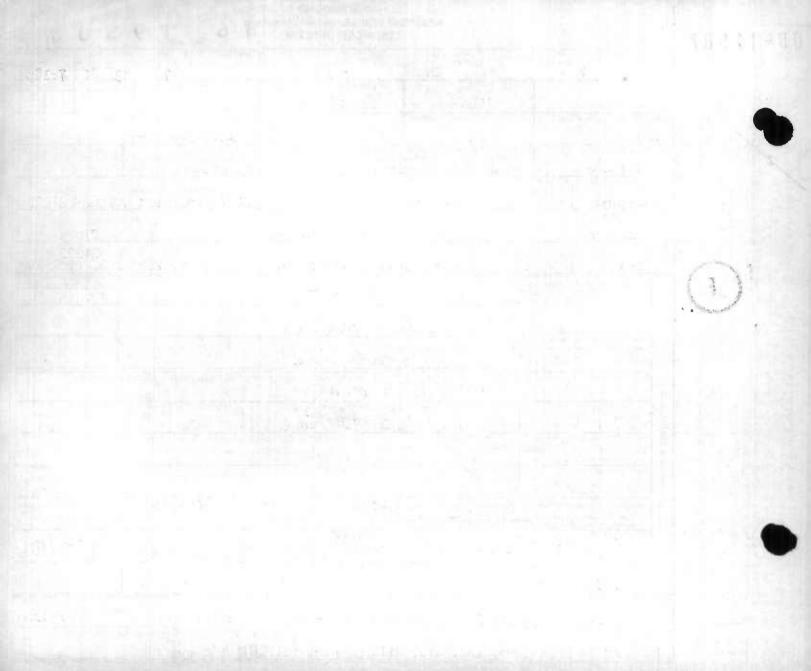
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 24 DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) PHYLLIS deot MAXINE HICKMAN 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH IF UNDER LYEAR MONTH YEAR FEMALE WHITE 24 TO BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY U.S.A. Maine WIDOWED DIVORCED BAltimore City IN CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ETYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore St. Agnes Hospital Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Baltimore NOF 2824 Frederick Avenue 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE FIRST Walter Gladys Clark Scott ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT 21223 (IF YES, GIVE WAR OR DATES) YES WW IT 002-16-3848 William E. Hickman, Sr. 2824 Frederick Ave 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).1 PART I. DEATH WAS CAUSED BY: ARREST mehou IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF ASCU Sover Conditions, if ony, which gave rise to immediate couse (0), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CISC NOS YES T NO.PT 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) offended the deceased from sow the deceased alive on_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) new the body after death 27h SIGNATUR DEGREE 22c. DATE SIGNER ATTENDING MEDIC AL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld be DR. CHRIS STONE 23a BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY Baltimore Maryland Parkwood Cemetery BP Burial 7/17/86 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VRA 15, 4)



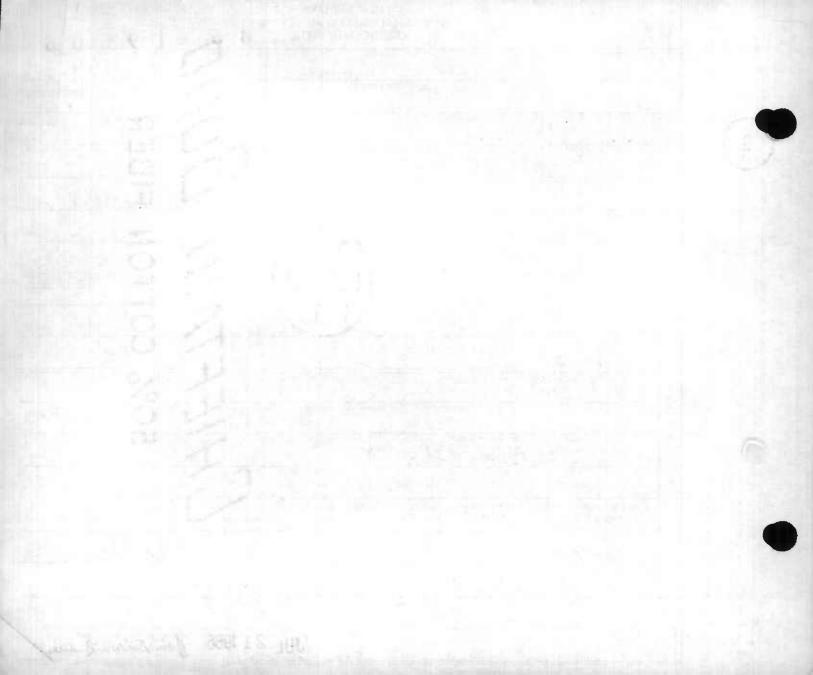
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN THE MONTH 7b HOUR LITYPE OR PRINTS ESTI-MARVIN ALLEN DEATH MATED HICKS 1986 3 SEX 4 RACE IF UNDER 24 HRS DATE 24 HOUR LAST BIRTHDAY) PRONOUNCED 12;22 A M MALE BLACK DEAD 1962 24 1986 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED MARYLAND DIVORCED Baltimore City D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE! Baltimore University Hospital PAINTER PAINTING CO. 13e STREET ADDRESS 2004 E. Baltimore St. 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE Baltimore, Maryland 21231 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Hicks Lawrence Bertha Gale Dean 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 2004DDESS BALTIMORE STREET LIFYES GIVE WAR OR DATES) 213-84-9850 MS. BERTHA DEAN BALTIMORE, MD. 21231 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of chest (unspecified weapon) IMMEDIATE CAUSE (a)_ DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. USED AS A BUR OF HEALTH AND JRIAL, CREMATIC PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TOWN ARDED TO THE CHIEF TOR: PAGE 3 SHOULD BE USE 1 THE STATE DEPARTMENT OF 1 AND. 21201 PRIOR TO BURIA YES TO NO [210 EXTERNAL CAUSE WAS 21b. TIME OF IN ILIRY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR NONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 11: 2P/M. 7-28-Subject shot. 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) street 1100 blk. Whatcoat St., Balto. City MD EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2 226. I certify that I took charge of the remains described above, held an Homicide X death resulted fram Natural causes Undetermined manner Deputy Chief 7-29-86 SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., MD Ann M. Dixon, M.D. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE BURIAL 8/02/86 CARROLL WESTERN CEMETERY 07/84 CALVERT CO. . MARYLAND 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE "NUFTER & SONS FUNERAL HOME. INC. **DHMH - 17** AUG we willed to be file (VR A15 ME (5)) 2501 GWYNNS FALLS PKWY. BALTIMORE. MD. 21216

ALECTR PARTITIONS CO. 2001 L. Maltinore St. restruction . Saltimore, Smryland C1231 estim to Dean PORT IL BALTYDAY STREET DI-06-9850 CH. ENGR DAN GARTER, NO. 21241

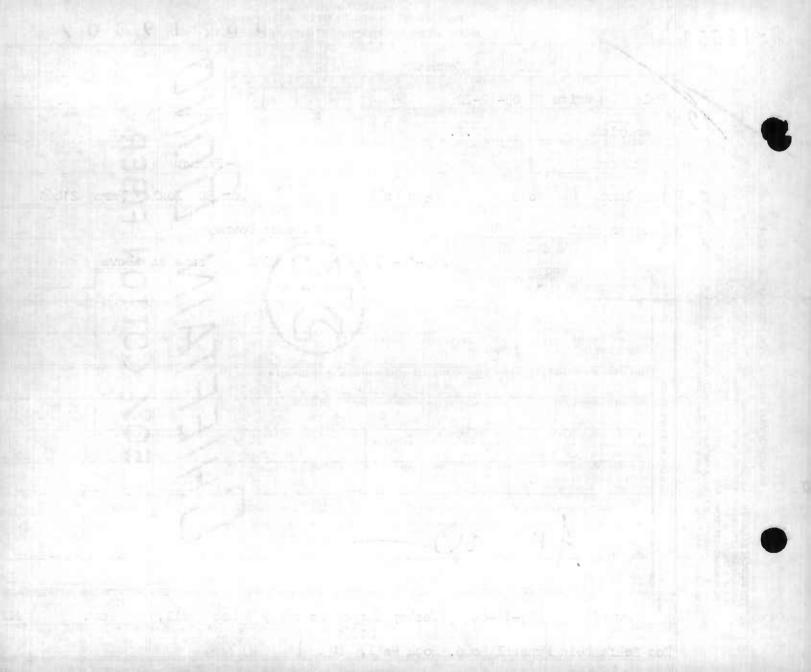
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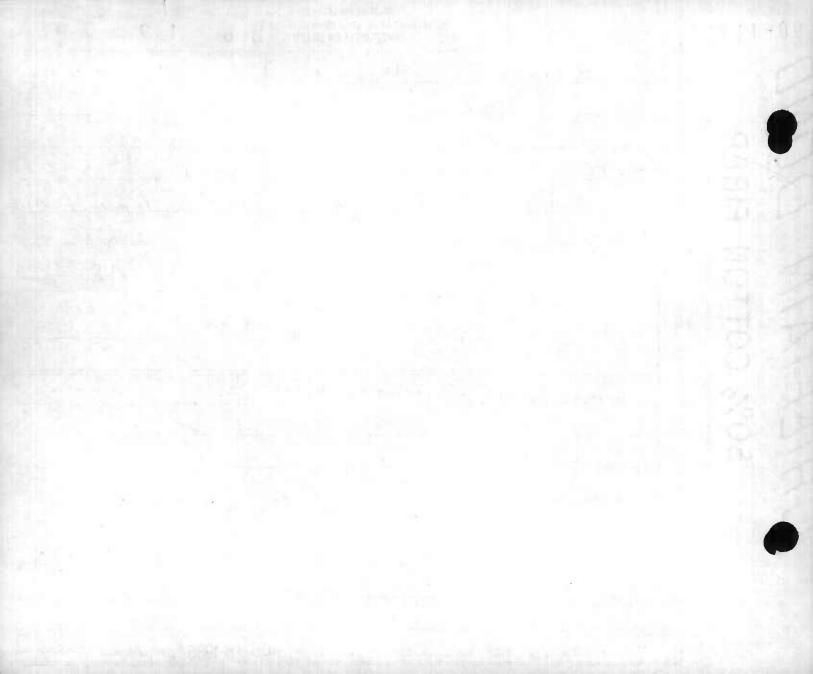


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W.	JUD BE EXECUTED WITHIN 24 HO "PENDING": IN PENCIL IN ITEM F MEDICAL EXAMINER ALONS ED AS A BURIAL - TRANSIT PER HEALTH AND MENTAL HYGIELE AL, CREMATION, OR REMOVAL		cause (a) stating the <u>und</u> ying cause last.	DUE TO, OF	R AS A CONSEQUENCE	ê OF						
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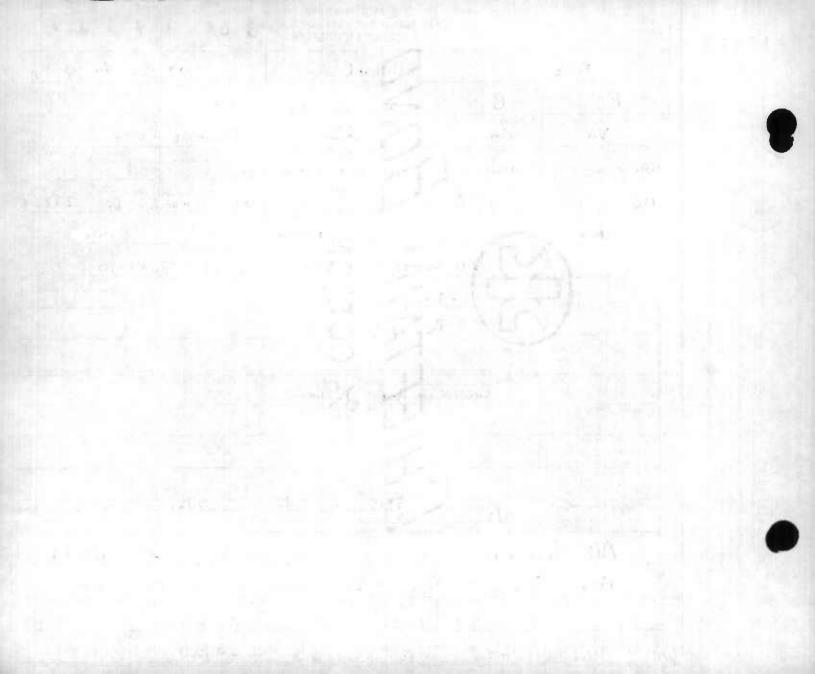


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MARYI	ample of the state	exomin	14 F/	ATHER'S NAME FIRST UNK	MIDDLE	LAST	46	IS MOTHER'S MAIDEN NAM	WIDDLE		willi	ams
IMORE,	oe execuin and c	medica		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	241 - 56 -		LUCILLE EV	ans 6811	SS	Apt "	D.
RDS, 201 W. PRESTON ST., BA	equires that the death certificate in signed by the attending physic Then please remove carbon page	outus, vemanara, a rema	NOI	18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA) Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (D BY TE CAUSE (a) DUE TO, C (b) DUE TO, C	Corclio- DR AS A CONSEQUE DR AS A CONSEQUE	NCE OF		INAL DISEASE OR CONI	DITION GIVEN		MATE INTERVAL INSET AND DEATH
AL RECORD	he lo	shows any	CERTIFICATION	190 DATE OF OPERATION		DITION FOR WHICH	OPERATION	:0	200 AUTOPSY?	20b. IF YES, V IN CERTIFY IN YES [G CAUSES	OF DEATH?
N OF VIT	SICIAN ng phys certifica	Pre 18	MEDICAL CEI	210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	P	m. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	1 OR PART 2)	
DIVISION OF	affend affend ter this s the b	orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET FACTORY OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	Spital ar	21 is mo		22a. I certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no	7/2	19	₹6 . on	d that in (my) (aur) apinian d	eath accurred on the do	te and hour a		that (1) (we) last causes stated
	y the harmy RAL DIRE	ZT. # hen		Alla le	lan Mr)	D	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F IAN	7/2	SIGNED 2186
	TO HOSPITAL etoined by the TO FUNERAL should be deto	MPORTANT		Allen	Solumur			22 S. Green	e ST Bel	7 170	Zizi	> 1
	BP	_		BURIAL, CREMATION, REMOVAL BURIAL CREMATION, REMOVAL	7/20	()	alti	METERY OR CREMATORY	23d LOCATION CITY OF TOWN Balte M	916	OUNTY	MD.
	DHMH - 16 60 (VRA 15,		24 F	M.C. March	F/HI	ADDRESS	fast		UL 25 1986	25b REGISTRA	R'S SIGNATI	JRE



(VRA 15, 4)

	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 9	5 1 0
	1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR , 26 HOUR
	Ustate		Hines	7 :	19 1986 M
	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	male	black	8 11 1915	70 YRS	MONTHS DATS HOURS MIN.
7	To BIRTHPLACE (STATE OF FOREIGN)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED W NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
-	N.C.	USA	WIDOWED DIVORCED	Baltimore city	MD.
3	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		128 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
1	Baltimore	5407 Crism	er Avenue	Retired	
ć	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFORE MAY BATTIMOR	V 1134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD 5407 Crismer	Ävenue 21215
5	14 FATHER'S NAME FIRST JOSEPH	MIDDLE LAST Hines	15. MOTHER'S MAIDEN N.	MIDDLE	Scott
	160 WAS DECEASED EVER IN U.S. AI (YES NO OR UNKNOWN) (IF YES GI			407 Crismer Avenu	
	PART I. DEATH WAS CAUSI	nly one cause per line far (o), (b), and ED BY: (TE CAUSE (a) LUNG C	incer - Aden	o CA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stofing the underlying couse last.	DUE TO, OR AS A CONSEQUE	ette Smoking		
		CONDITIONS <u>CONTRIBUTING TO D</u>	<u>BEATH</u> BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	IVEN IN PART 1:a
1	190 DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO

21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated

DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

S. Grune St. BALT. FLICK M.D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

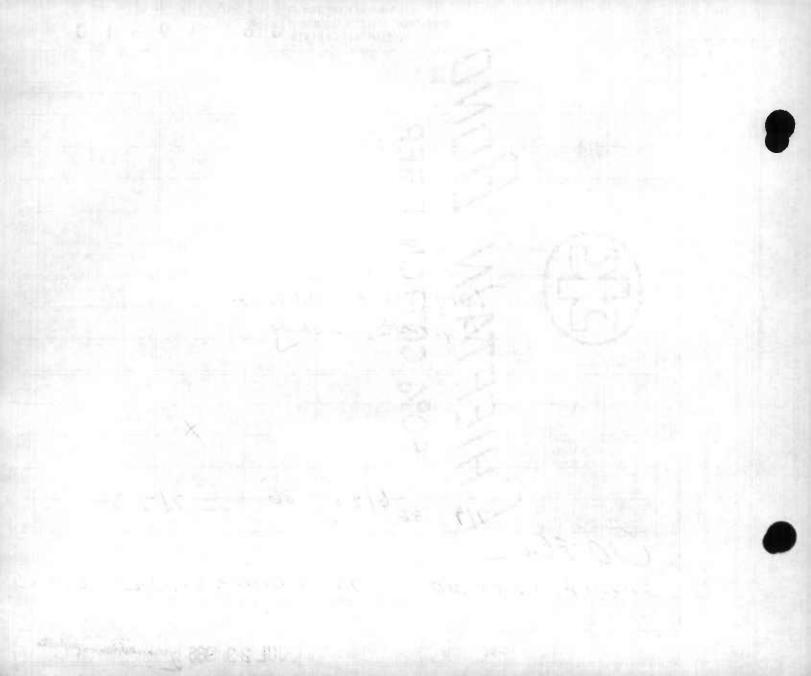
Burial 7/24/86 Garrison Forest Vet 24 FUNERAL DIRECTOR

Owings REGISTRAR 256 REGISTRAR'S SIGNATURE

March Funeral Home West 4300 Wabash Avenue

DHMH - 16 60M 7/84

MD

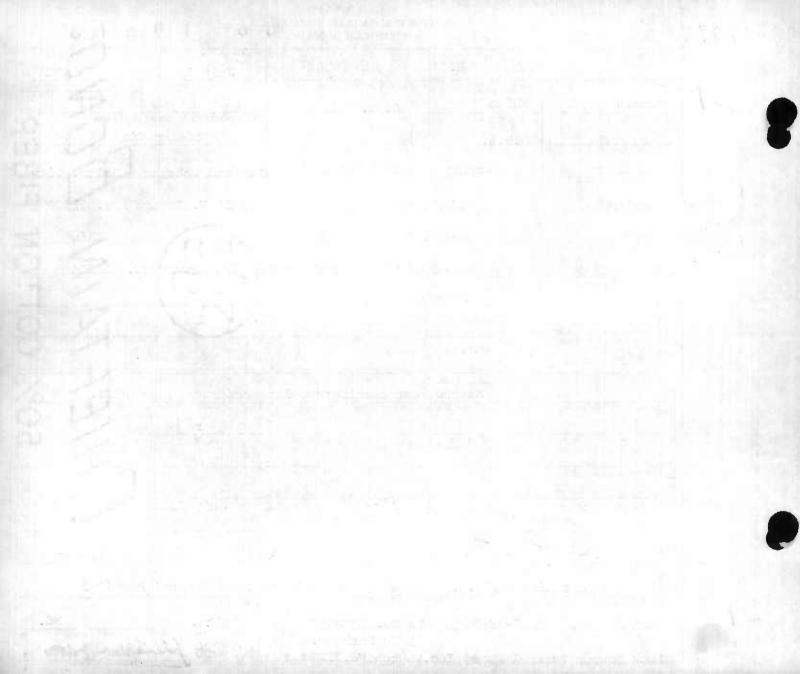


		ms, 1,&13d.,			E OF MARYLAND HEALTH AND MENTAL HY	CIENE		
10-12700	1 -	STATE REGISTRAR			FICATE OF DEATH	B 6 REG. NO	0 10	1100
0 13/30		EASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH		b. HOUR
by be cost	(TYPE	ORPRINI) William	Dorsey Hit	show:	or.		7 26 86	5.20mm
moy po	3 SEX		4. RACE	5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY IF UNDER TYEAR	FUNDER 24 HRS.
ecto urs of		Male	Caucasion	09	28 11	711	YRS	
Poldin		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COL	INTRY? 8. MARRI	D XNEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
deor hin 7	10 CI	Md.	U. S. A.	WIDOW	DNORCED DOROTHER INSTITUTION	Baltimore		MD. BUSINESS OR
d the		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GR	VE STREET ADDRESS)	SHARE WAS A STORY	TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY	
10 S S S S S S S S S S S S S S S S S S S		1 to . AL RESIDENCE (IF NURSING HOME OF		HOSPITA CE BEFORE ADMISSION	L	Contracto		Employ.
VD 2 24 hc 24 hc old b	13a. S	TATE 136 COU	NTY 13t. CITY C	RTOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		04000
thin thin sho	_	THER'S NAME			15 MOTHER'S MAIDEN NA	AME '	cens Ave	21229
AAR B)	William		Hiteshew	Mabel	WIDDLE	Dors	VAS
B. B.		AS DECEASED EVER IN U.S. AF		AL SECURITY NO.		Wilkens Ave	SS - Balto., N	
IWO XX	- ()	es, no or unknown) (16 yes, gi	2120	71,780	Helen Phyll:		#21229	
BALT		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for a	(b), and (c).)	()	7	APPROXIMA BETWEEN ON	ATE INTERVAL
ST.,	26		TE CAUSE (a)	elmon	in Kennors	hage	Su	Aden
NO 4			DUE TO, OR AS A SO	NSEQUENCE OF	-y n	. 0 .01.	- 26	mes
RES!		Conditions, if any, which gove rise to immediate	(b) (c)	exame.	of Carline	ma grun	10	77.
W. P		couse (a), stating the underlying couse lost	DUE TO, OR AS A COM	NSEQUENCE OF				
, 201,	138	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTO	NG TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 110	
PRDS	NO.		Klennak	and XC	De arthr	etin		
SECO No.	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES O	SS USED OF DEATH?
TAL The	RTIF	21g. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		121. HOW IN HIRE OCCUP	YES NOT	YES 🗌	NO [
PEVIL A PEVIL	AL CE	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON		21c. HOW INJURY OCCUR	KRED (ENTER NATURE OF INJUI	IY IN ITEM 18 PART 1 OR PART 2]	
ON O HYSIC ding tis cer burio Ment or fleet	U	(IF EITHER NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
DIVISION OF NG PHYSICIA of the bunding p fifter this certif os the bundlettel th and Mental	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY	OFFICE, FARM. ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
DIN OF SE OST MOTH		22a. I certify that (I) (this hosp	mal) ottended the deceosed	fram _ 32 .	-2-3 1959	7 to 7-	26 1986 th	nat (I) (we) lost
TITEN Portol for up of H		sow the deceased olive or above, (1) (we said) (did as	trylew the body after death	1986.	nd that in (my) (our) opinion	death occurred an the de	te and hour and fram the co	ouses stated
OR P bolkEd Ched Ched Ched		221 SIGNATURE	1 11/2	5	DEGREE	MEDICAL STAT	The DATE OF	GNEDY.
RAL deto		THE PHYSICIAN STRAME VOIL	my THO	ypa.	ATTENDING PHYSICIAN (MEDICAL STAF	IAN [] //2	8/86
OSPI The Stra		HARRY I	istan in	5/		PREDERI	ar RT "	
TO HOSPITA retoined by TO FUNERA should be de with the Stot	22. 0	URIAL, CREMATION, REMOVAL	THE DATE	Tag NAME OF	CEMETERY OR CREMATORY	1234 LOCATION	cy ND, a,	1224
BP	1	orial, cremation, removal spec # y) Burial	uly 30,1986			CITY OR TOWN	Balto.	STATE
		INERAL DIRECTOR	5151 B	ALTO NI	ATIL PIXE 250 DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATU	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	G	. I Human Scotw	Al Al	TH 2122	9	UL 29 1986	y consideration in the	

Page of the state that the state of .5 21 . D. . D. i. . O to . L. C . L. IT. The strain of th

FOR STATE REGISTRAR DECEASED NAME FIRST MARCARE [TYPE OR PRINT] ARCARE SEX Female 70. BIRTHPLACE (STATE OR FOREIGN	WIDDLE	CERTIFICATE OF DEATH LAST LAST LAST LAST S DATE OF BIRTH MONTH DAY YEAR	REG. NO. 20. DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 2b HOUR 2 - 86 10 50 AA IF UNDER I YEAR IF UNDER 24 HRS
DECEASED NAME FIRST ARCARE	4. RACE	5 DATE OF BIRTH	26. DATE OF DEATH MONTH	2-86 16'80AM
SEX Female	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	2-86 10'80AM
Female	4. RACE	5 DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
Female				
	White	MONTH DAY YEAR		MONTHS DATS HOURS MIN.
TO. BIRTHPLACE (STATE OF FOREIGN		177701	85 YRS	
	76 CITIZEN OF WHAT COUNT	RY? 8 2 27 01	BALTIMORE CITY OF COUN	
MD	115A	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	0.1	. Boltimone
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NU		120. USUAL OCCUPATION	12b, KIND OF BUSINESS OR
3.11.	LIF NOT IN SUCH FACILITY, GIVE ST		TYPE OF WORK FOR MOST OF WORKING	
DAITIMOTE		1017O	Homemaker	De l'acceptant
USUAL RESIDENCE (IF NURSING HOM 130 STATE		HIGH COMMON)	1130 STREET ADDRESS / ZIP CO	ODE 21214
MO	Bla	YES NO	6027 OIL HA	ARFORDRD.
14 FATHER'S NAME	100		AME	A CHURCH
FIRST	MIDDLE ST	JIRSY A 3	MIDDLE	LAST LAST
Joseph			aae 0	NAINWISKI
MAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL S	0.100		
	218-40	-9475 Roberta E.	Ross 9211 Kings	tree Rd. 21234
			4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CA	USED BY:	2 1 - 1 1	111	BETWEEN ONSET AND DEATH
		> HTACKNOIG	Hemour	age 480
	DUE TO OR AS A CONSE	OUENCE OF		
Conditions, it any, which	//	/		
gove rise to immediate				
		OUENCE OF		50 46- or no s 18
	(c)			
	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1:0
D DAYE OF OPERATION	101 CONDITION FOR MA	HICH OPERATION WAS DEPENDING	20- ALITORS V2 205 IS	YES, WERE FINDINGS USED
DATE OF OPERATION	148 CONDITION FOR WE	TICH OPERATION WAS PERFORMED	IN CER	RTIFYING CAUSES OF DEATH?
= 17-10 -8	6 Howe Hid	rocephalus	YES NO NO	YES NO
210. ACCIDENT WAS UNDERLYING		216 HOW INJURY OCCU	PRRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
OR CONTRIBUTING _ CAUSE OF	TOLAIN			
714 IN ILIRY OCCURRED				
WHILE CONTROL			CITY OR TOWN	COUNTY STATE
AT WORK AT WORK				
220.1 certify that (I) (this hi		om 7-12 19-81		L. 19 86, that (1) (we) last
saw the deceased alive	e on 7-15	9 86 and that in (my) (aur) apinio	n death occurred on the date and	hour and from the causes stated
22b SIGNATURE	d not view the body after death	DEGREE		221 DATE SIGNED
220 SIGIVATIONE	511	ATTENDING	MEDICAL STAFF	7
VVI		PHYSICIAN		, 1-12-86
Den 9	Africa 100/			
HELLY OF THE WAS FRAME IN	PRINT)	22e ADDRESS	0.	000
Henry H	PRINTI LINECTIO		gree 54. 1	Balt of
Henry &	Elsner 170.	22- 5.	Gue St. 1	Balt MD
Henry & Burial CREMATION, REMOVE	VAL 23b DATE Jul 15 1986		Sue St. (23d LOCATION Baltimore	Back Marylahid
1	USUAL RESIDENCE (IF NURSING MON 130 STATE 127 2	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDE 13% STATE 13% STATE 13% CITY 14 FATHER'S NAME FIRST 13% CITY 150 WAS DECEASED EVER IN U.S. ARMED FORCES? 16% SOCIAL STATE 15% OR UNKNOWN) (IF YES GIVE WAR OR DATES) 218-40 18 CAUSE OF DEATH (Enter only one cause per line for 10%, 16% PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0)	USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE AND INCOMPLETED TO THE PROPERTY OF THE PRO	USUAL RESIDENCE IF NURSING HOME OF OTHER RISTITUTION, GIVE RISDENCE IF PURE 170 MONE) 130 STATE 131 MODIE 131 MODIE 132 CITY MONE OF NURSING HOME OF OTHER RISTITUTION, GIVE RISDENCE IF PURE 170 MONE) 132 STREET ADDRESS / ZIP CC

40 TO THE PERSON OF deal on. TOTALIST curied July to type coretumn hemorias Depart J. Mack, Inc. Dalimore, Ergland La



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-1218	6	1-	STATE REGISTRAR			DEPARTM		EALTH AND M		REG. N	3 5	14	
			CEASED NAME F	FIRST		MIDDLE	. 1	AST	112	20. DATE OF DEATH	MONTH DAY	YEAR)	26. HOUR
2 22		(mn	- 1	W	Hot	tmah			7 6	86	805 A
0 0 0	-74	3. SE	X	4 RA	CE		5. DATE C			6 AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
4 990	-		F		W		MONT	DAY	YEAR 43	43	YRS.	NIHS DAYS	HOURS MIN.
2 5	111		RTHPLACE (STATE OF FORE	EIGN 7b. CI		WHAT COUNTRY?	8	The same	_	9 BALTIMORE CITY O		DEATH	
A 72 of the	10		Immorten !	NC	USA		WIDOWE	D NEVER MA	DRCED	Battimor	e Cit	7	MD.
1/11	150		TY OR TOWN OF DEATH			HOSPITAL, NURSIN		R OTHER INSTIT	TUTION	120 USUAL OCCUPATI		126. KIND OF	BUSINESS OR
1	10		altimore	1)	ohn D	ester Me	dical	Cente	1	Secretary	•	INDUSTRI	
100 500	27	130.	AL RESIDENCE (IF NURSING	HOME OF OTHER	INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	113d INSIDE CIT	Y LIMITS?	13e STREET ADDRESS	ZIP CODE		
2 4	20	_	7	Baltimo	re	Catonsv			NO []	1106 Outle	tt Mill	s Cour	t 21228
1 10	110%	14 F/	ATHER'S NAME FIRST	MIDDLE		LAST		15. MOTHER'S	RST	MIDDLE		LAST	
1 11	100		Alton C We	eed					Harrin				
1 10	30		VAS DECEASED EVER IN	U.S. ARMED I		166 SOCIAL SECU		17. INFORMAN		ADDRE		Cato	newille
2 50 00	1		No			260 62 0	612	Douglas	B Hof	fman 1106	Outlett	MIIIs	"CE:212
sicio	(18 CAUSE OF DEATH	Enter only one	e couse per	line for (a), (b), and	d (c).)					APPROXIMA BETWEEN ON	NATE INTERVAL NSET AND DEATH
rtific phy snpo	even	.01	PART 1. DEATH WAS	MEDIATE CA	USE (a)	PHENMON	D.'		0796				
ding	a ic	200				R AS A CONSEQUE	NCE OF			2-4-4			
deat then then	En	1/6	Conditions, if ony, w			disselina		haliqua	by te	angua			
the o	ar tro	1	gove rise to immed			R AS A CONSEQUE		8					
hat by ose	otho		underlying couse	lost.	(c)	N AS A CONSEGUE	THEE OF						
signed hen ple	5	z	PART 2. OTHER SIGNIF	ICANT COND		ONTRIBUTING TO [EATH BUT	NOT RELATED T	O THE TERMI	nal disease or con	DITION GIVEN	IN PART IIo	
reen re	ony in	CERTIFICATION	190 DATE OF OPERATIO	N I	19h COND	ITION FOR WHICH	OPERATIO	N WAS PEDEOR	AAED	20g AUTOPSY?	Tanh IF YES W	VERE FINDING	CS LISED
n. nos b	\$ 0	FIG	THE DATE OF CLEANING		70 00115	morrow wines	OI ENATIO	ASTERIOR			IN CERTIFYIN	NG CAUSES O	OF DEATH?
The Price of Paris	\$ -	ERT	210. ACCIDENT WAS UNDERL	IYING 🗆 2	16. TIME C	E IN ILIRY		121r HOW IN II	IRY OCCUPE	YES NO DED (ENTER NATURE OF INJU	YES [NO 🗆
physical trical			OR CONTRIBUTING CAU		HOUR A.	M. MONTH DA	Y YEAR	11	OKT OCCORR	ED (ENIER NATURE OF INJU	II NA HEW 10 PAKE	I OK PAKI 2)	
SIC NG	£ /	MEDICAL	(IF EITHER, NOTIFY MEDICAL		P.	M. OF INJURY	19	211. LOCATION	N.				
PHY trendi	o p	MEL	WHILE TO NOT WHILE			REET, FACTORY, OFFICE, F	ARM ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
No sta	norked	5				S1	21	May	19.86	1 71	\$1		
ENDI tol or OR: A	is n	1	sow the deceased above, (1)(we) (did	olive on	Such	deceased from 19 8	_		,	eath occurred on the de			not (I) (we) lost
ATT ATT SEPT OF THE SEPT OF TH	E .		obove, (1)(we) (did)	(did not) viev	w the body	after death		DEGREE	ser, opinion a	com occurred on the di	ne ona noor or		
OR or he ho	=		ZZB. SIGNATURE	1	1	Λ.			TENDING	MEDICAL STAI	F	22c. DATE SI	
SPITAL ed by the	Ë-+		700	LA.		der son	1		TYSICIAN [6 10	1486
HOSPIT, ined by FUNERA	RT A		22d. PHYSICIAN'S NAM	E (TYPE OR PRINT	1)			ITE. ADDRESS					
TO HOSPITAL retoined by the TO FUNERAL should be detailed by the total of the total	N N N												
F 5 F 8 3	- 1		BURIAL, CREMATION, REA	MOVAL 23h	b. DATE	23€ ト	IAME OF C	EMETERY OR CR	REMATORY	23d LOCATION		QUNITY	A STATE
BP	-		Burial	J	July	10, 1986	Mary	land Ver	terans	Garrison			
DHMH - 16 60/	W 7/B4	24. F	UNERAL DIRECTOR HOL	rry H V	Witzk	e & Famil	y Fun	eral Ho			25h REGISTRAL	R'S SIGNA	فالعاواة
(VRA 15,		In	c. 4112 01d	Colum	bia P	ike Ellic	ott (ity	JUI	L 1 1 1996	Turis State		

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ROSES THE STATE STATES OF THE Lost J nod. L 269 62 0612 Douglas B Roffman 1106 Ductore - Cotongwills

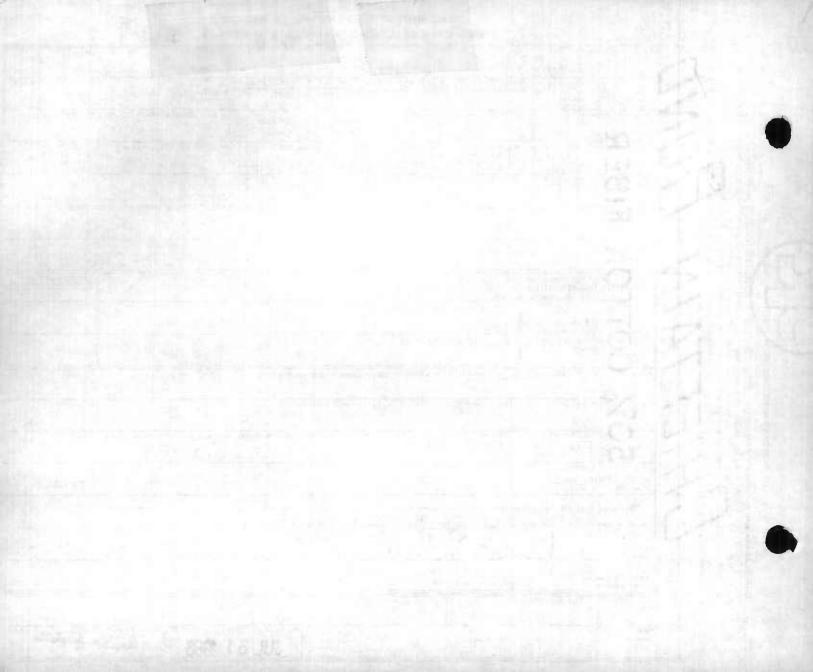
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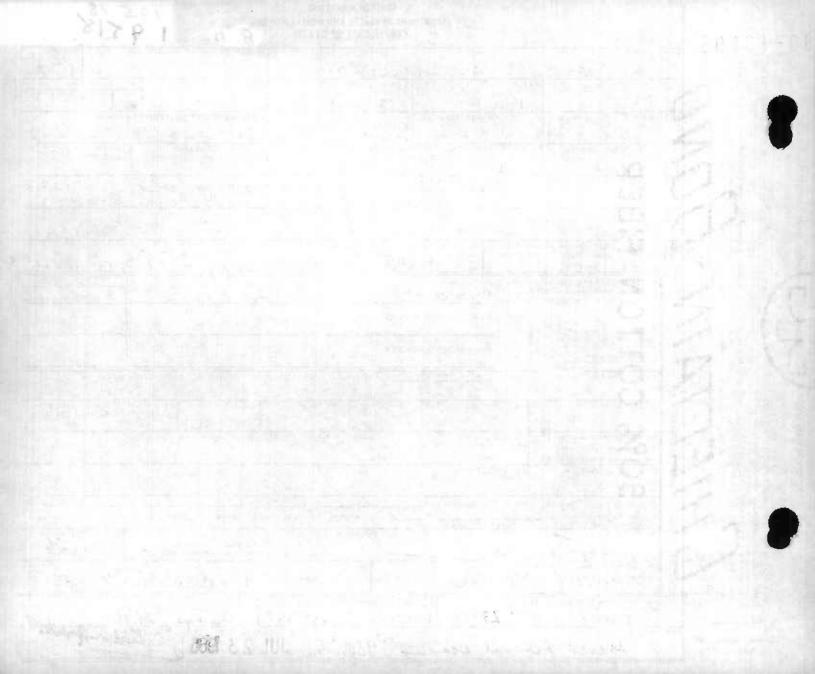
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20 DATE OF DEATH 26 HOUR TTYPE OR PRINTS Edward ouis ohmanu 3 SEX 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HR MONTH Malo YEAR 00 03 To BIRTHPLACE (STATE OF FOREIGN SOUNTRY) NEW JESSEY 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED ALEVER MARRIED DIVORCED [11. NAME OF HOSPITAL NURSING 12a USUAL OCCUPATION PEOF WORK FOR MOST OF WORKING LIF J. young 13d INSIDERITY LIMITS? 13a. STATE 13b COUNTY 13e STREET ADDRESS / ZIP CODE YES PY NO [Foster 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST Plappert Hohmann. Maru Lugene 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS Mary Elaine Gabon 2864 Lake Avenue 21213 XXXXXXXXXXXX APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 **IFICATION** 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [CERT 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 1981 Taurs 07 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 0 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 3212 Foster Ave. Balto. MD home 22a.1 certify that (1) (this hospital) attended the deceased from (I) (we) lost and that in my ed on the date and hour and from the couses stated poone (to we idid a did not) wew the body ofter death DEGREE EXAMINER APPROVED BY MEDICAL 22c DATE SIGNED MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22d. PHYSICIAN'S NAME LTYPE OF PRIN 22e ADDRESS ld b ZMArg £ 230 BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR BP. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 harles S. Zeiler & Son Inc. 901 S. Conkling St. (VRA 15, 4)

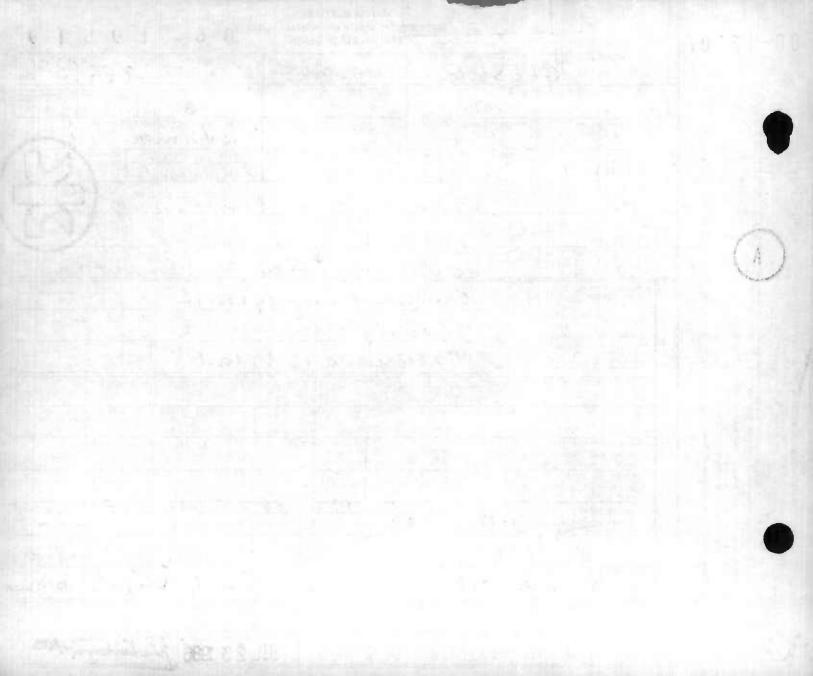
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN K DECEASED NAME COST OF SHAPE DEATH MATED HOLLEN 7-26-8619 DAVID 6 AGE (IN YEARS | IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS. 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED Male DEAD 16 Julv 197 7-26-8619 :34R TH BIRTHPLACE INVALIDOR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Baltimore City DIVORCED [Marvland WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 124 KIND OF BUSINESS Center Control Working LIFE) OR INDUSTRY Francis Scott Key Medical Baltimore Student ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Toone Street 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Thomas Hollen Leona Rhinehart 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-94-9859 Hollen 3303 Tonne St. John T. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF 11 PRIÉS TO BURL YES X NO 21g. EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR 2:44R 7-26-8610 subject found in pool CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY SATHOME. 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) Baltimore, Maryland WHILE AT WORK 7414 Belmont Avenue @ a home EXECUTE THE CENTIFICATE.
PACE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR, P
AFTER DEATH, WITHTHE ST 22e. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident K Hamicide death resulted fram: Natural causes Suicide Undetermined manner TITLE (SPECIFY) 7-27-86 ACTUAL DATE Assistant SIGNATURE 111 PennStreet Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial Oak Lawn Cemetery 07/84 Baltimore Md 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE 21224 **DHMH - 17** & Zeiler, Inc. 700 (VR A15 ME (5)) Conklina St



STATE OF MARYLAND



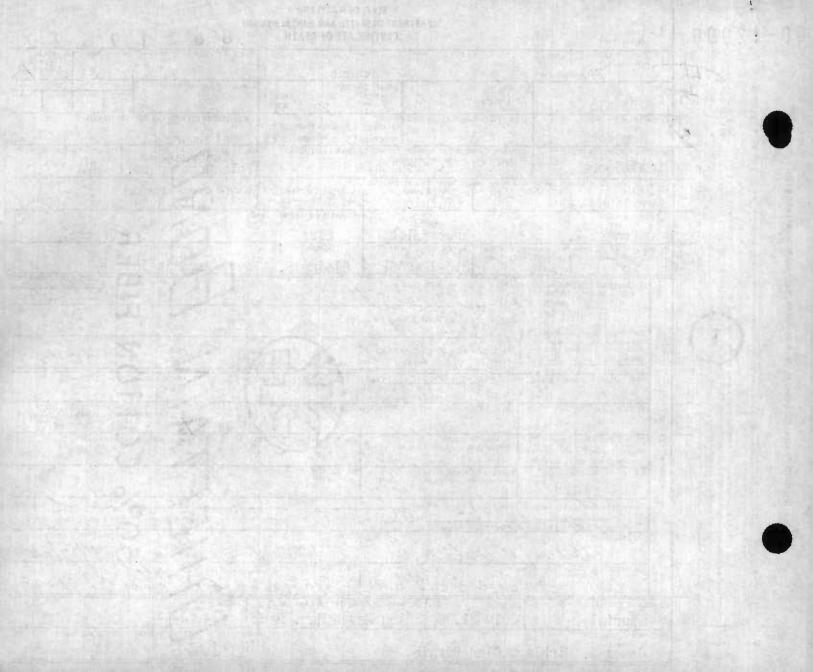


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oto oto Name of Name o		BURIAL, CREMATION, REMO	VAL 236. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
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(VRA 15, 4)



STATE OF MARYLAND FOR 1 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2g DATE OF DEATH (TYPE OR PRINT) 2 3 SEX & AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR YRS BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE L CITIZEN OF WHAT COUNTRY? MARRIED - NEVER MARRIED WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR N SUCH FACILITY GIVE STREET, ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY)isabled USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 1136. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 4ZIP CODE HIMARO. 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED I ON DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO P NO YES | 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) DEGREE MEDICAL nould be detain the State PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial COUNTY STATE 7/31/86 BP Nat. Mem. aurel 250 DATE REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Wm C March F/H West 4300 Wabash Avenue (VRA 15, 4)

Hopson

STATE OF MARYLAND

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DHMH - 16 60M 7/84		UNERAL DIRECTOR		ADDRESS	2	21229	250 DATE	REC'D. BY R	EGISTRAR 2	Sh REGISTI	RAR'S SI	GNATHR	idalia .
(VRA 15, 4)	H	ubbard Funeral	Home, Inc	. 4107 V	Vilken	s Ave.	.1111	301	986	was th	SAL COM		1
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST TENDING PHYSICIAN: The la

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

86 19526

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ч		CEASED NAME FIRST		AIDDLE	1	AST		20 DATE OF DEATH	MONTH	DAY	VEAR	mg			
9	Titel	LOUIS LOUIS	E		14	ORTOR	1	1-4	07	17	1986	4:00	OAM		
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А		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVED		9 BALTIMORE CITY	YRS.	Y OF DI	OF DEATH				
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2	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSII H FACILITY, GIVE STREET		OR OTHER INST	ITUTION	12a USUAL OCCUPA			KIND OF	BUSIN	ESSOR		
1	13	paltimore MD	South			LE GENERAL HOSP. LABOR									
5	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN		GIVE RESIDENCE BEFOR 13c CITY OR TOV BALTIM	VN	13d INSIDE C	ITY LIMITS?	136 STREET ADDRES	S/ZIPCOD		PLACE	2	1230		
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	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMA	NT	ADI	PRESS			100			
	- 17	NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	240-44-	3118	Carol	J. DeNe	al 2346	Norfol	k A	ventie	5			
1		18 CAUSE OF DEATH Enter on	ly ane cause per	line far (a), (b), ar	nd Ic						APPROXIA BETWEEN O	AATE INTE	RVAL		
-		PART I. DEATH WAS CAUSE	D BY 'E CAUSE (a)	CARDIO	- puly	MARY	ARRE	ST			21	MIN			
Я		DUE TO, OR AS A CONSEQUENCE OF													
ч	7	Conditions, if any, which	(b)	Amyl		SIS									
	30	gave rise to immediate cause (a), stating the) (0,-	-											
		underlying cause last.	DUE TO, OF	MUHT		MYE	am 4								
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7	ATI	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	ES, WER	, WERE FINDINGS USED					
	CERTIFICATION	Mileson Victoria						YES TI NOT		YES T	YING CAUSES OF DEATH?				
7	ER	210 ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY		JURY OCCURRE	ED (ENTER NATURE OF I			R PART 21	NO				
4		OR CONTRIBUTING CAUSE OF DEA	H.		AY YEAR										
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		abave, (1) (we) (did) (did no	t) view the body	ofter death.			(aur) opinian a	eath accurred on the	date and ha	-					
		22b. SIGNATURE) 1			DEGREE	TTENDING _	MEDICAL S	TAFF	22	2c DATE S	IGNED	, , ,		
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		URIAL, CREMATION, REMOVAL	236 DATE 7/22/	230		EMETERY OR		23d LOCATION	undal	CAOUN	AIY	Made	STATE		
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: A shauld be detached for use with the State Dept. of Healt

TO HOSPITAL

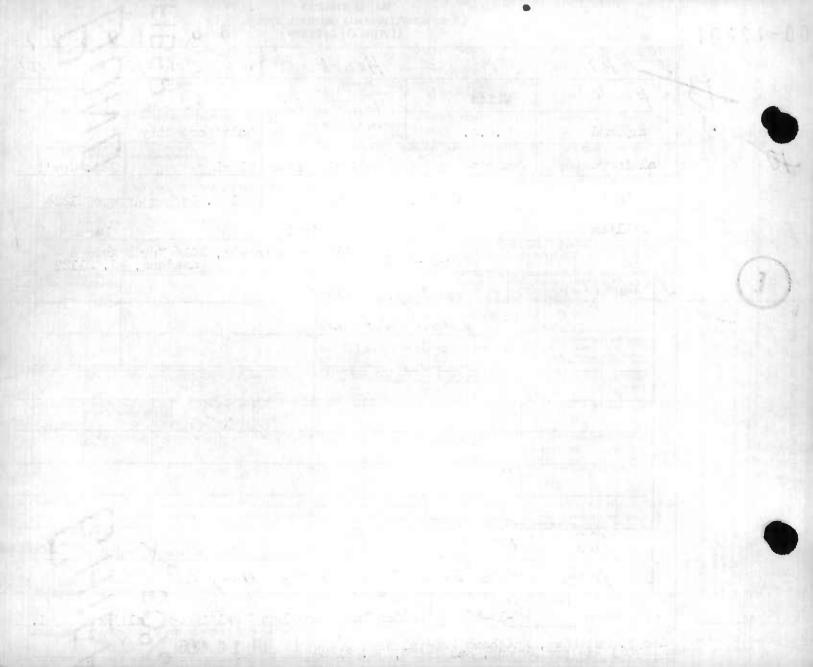
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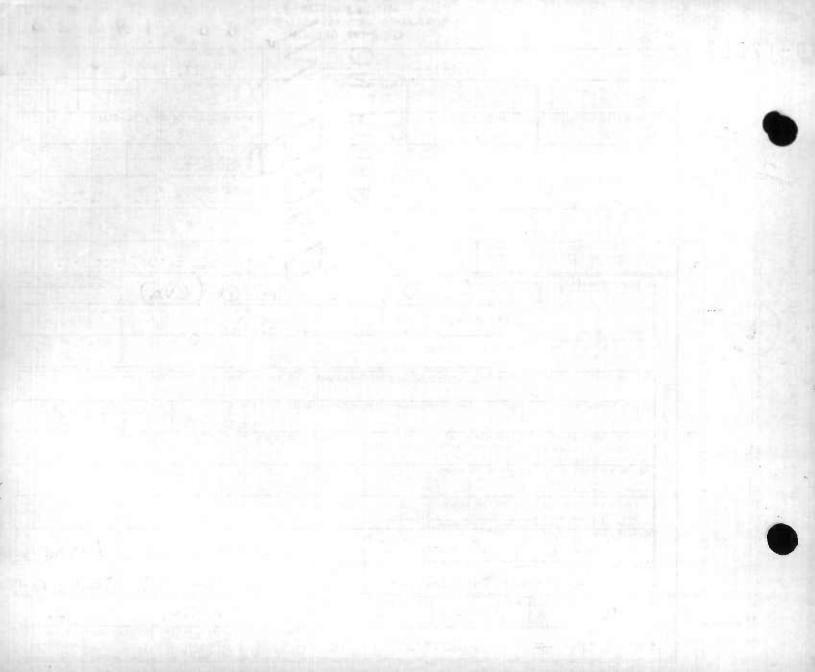
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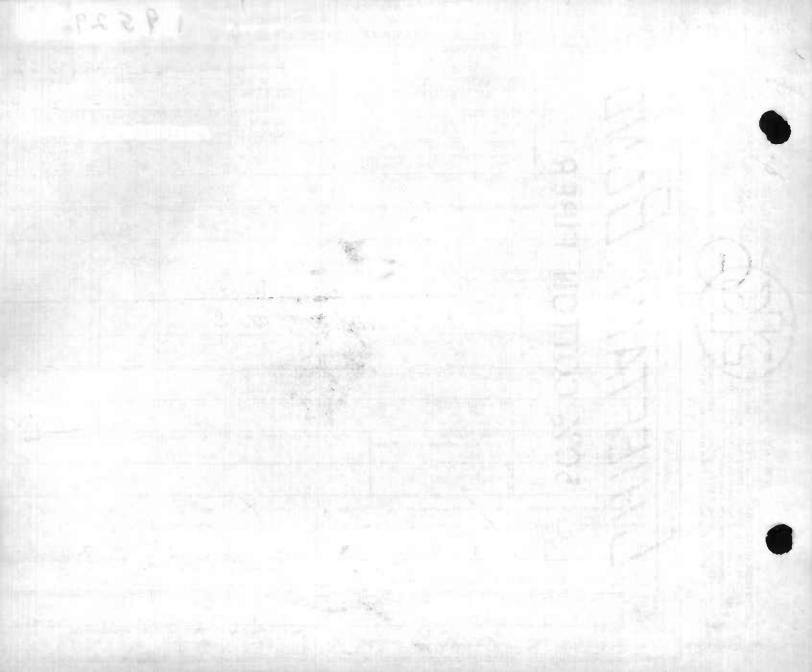
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filled in hoyld be	13a. S	at RESIDENCE (# NURSING HOME STATE 13b. CO aryland	UNTY 13c CITY	or town impression	13d. INSIDE CITY LIMITS? YES \(\overline{\chi} \chi	130 STREET ADDRESS / 701 S. Dec		enue 2	1224
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sen signed by the ottending print. 3. Then please remove carbonpop ior to burol, cremotion, for remove y injury, or other troumotic event.	TION	Conditions, if ony, which' gove rise to immediate couse Io), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CO	Prola Herul	NOT RELATED TO THE TERM				
re hos beensit giene prior shows ony	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO		YES NO	IN CERTIFY I		OF DEATH?
After this certificate os the buriol-transit th and Mental Hygi orked or Item 18 sh	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF: LIE ETHER, NOTHER MEDICAL EXAM! 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK	DEATH HOUR A.M. MON	19	211. LOCATION STREET	CITY ON TO		(OUNTY	STATE
INSECTOR. A		22a. I certify that (1) (this has saw the deceased alive	spital) attended the decease on not) view the body after deat	h. 19, o	nd that in (my) (our) opinion of DEGREE			22c. DATE S	SIGNED
should be detor with the Stote D MPORTANT: If		221 PHYSICIAN'S NAME (14	WHITE JR		ATTENDING PHYSICIAN C	Hospital Hospital)	1-70	0-86
₽ = ₩ 3 ≤ **** 3P	I	Burial, Cremation, Remov Lintombment	7-14-86		emetery or crematory Park Mausoleur		e Balt	timore	STATE Md.
MH - 16 50M 4/83 (VRA 15, 4)		INERAL DIRECTOR IN 5 Matthews 3021 Eastern	, Matthews Fu	meral Hom	e 21224 250. DATI	REC'D. BY REGISTRAR	256. BEGISTRA	R'S SIGNATO	Abodalle





STATE OF MARYEAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME KNOWN 20 DATE (TYPE OR PRINT) ESTI-Denise DEATH MATED Hughes 4 RACE 3. SEX DATE OF BIRTH IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) MONTHS PRONOUNCED Eemale Black 8 3 53 DEAD TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! USA Frederick Co., Md. Md. WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR IN SIGNO IS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Frederick Mem. Hosp. Frederick, Co. Special Education Balto. City USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Balto. 2209 Tucker Lane 21207 YES X NO [14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Sarah Scott A. Hughes Charles 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. ADDRESS 218-60-3972 Sarah Hughes 301 McMechen Street CAUSE OF DEATH (Enter only one cause per ling for (a), (b) and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL HEALTH AND MEI AL, CREMATION, O lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION USED OF HE 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FORWARDED TO THE CHAMBE PAGE 3 SHOULD BE UTHE STATE DEPARTMENT CAND, 21201 PRICHE TO BUR YES 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M TIE PLACE OF INJURY (AT HOME. 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 22a. I certify that I took charge at the remains described above, held an Inspection Inquiry and in my apinian death resulted Iram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy SIGNATURE. Toll House Ave. Robert J. Thomas, M.D. EXAMINER'S NAME Frederick, Md. 21701 (TYPE OR PRINT) ADDRES 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 8/2/86 Arbutus Mem. Pk. Burial Arbutus, Md. 07/84 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REGID. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 4300 Wabash Ave. Wm C March F/H (VR A15 ME (5)) West



DEPARTMENT OF FEALTH AND MENTAL HYGIENE

3	REG. NO.	1	9	5	3	
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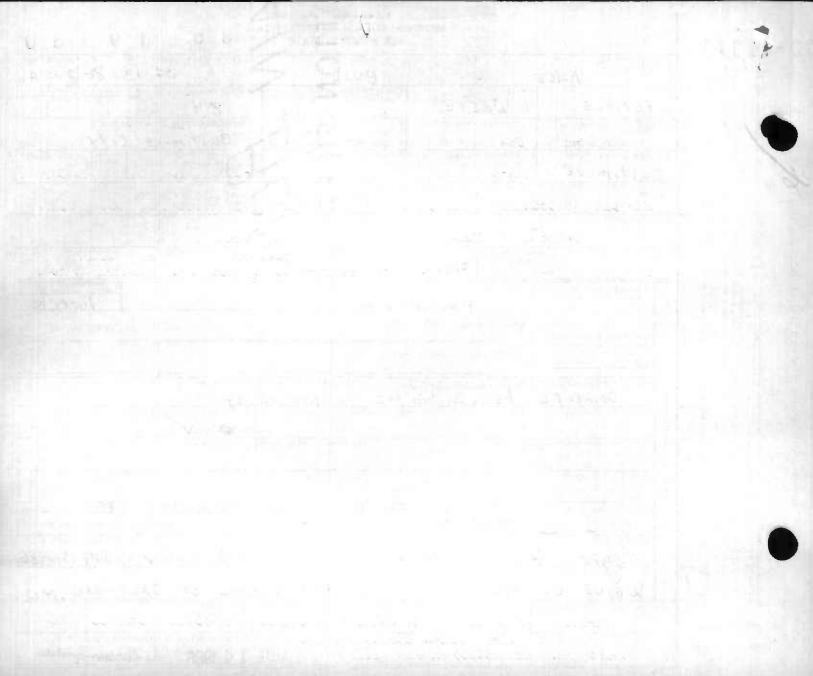
	FOR STATE REGISTRAR				EALTH AND MENTAL HYG	8	6 REG. NO.	9 5	3 0
Ì	1 DECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DE		DAY YEAR	2b HOUR
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Ì	3. SEX	4. RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS	S LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
l	FEMALE	WH	ITE	MONTH		8	4 YRS	MONTHS DAYS	HOURS MIN
1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mary Land	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore Bal	city <u>or</u> count	CITY	MD.
1	Baltimore	11. NAME OF		HOME	OR OTHER INSTITUTION	120 USUALOCO	CUPATION R MOST OF WORKING Sales. I	LIFET INDUSTRY	tzlers
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1	FATHER'S NAME FIRST UNKNO	widdle (Clary	4	15. MOTHER'S MAIDEN NA/		NODLE	LAS	ıī
Ī	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECURI		17 INFORMANT Balta	imore	ADDRESS MI	2120	7
J	NO	- WAR OR DATES	219-12-0	8624	Mr. Carroll H		6819 Ri	chardson	
ŀ	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per	line for (o), (b), and (c1.1				APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
ı		TE CAUSE (o)	Preum	ONI	a			10	week.
I	THE RESERVE TO SERVE	DUE TO, O	R AS A CONSEQUEN	CE OF					
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								
ı		CONDITIONS CO	0 111				R CONDITION G	IVEN IN PART 110	3
	Dementico	19b. COND	ITION FOR WHICH O	M I PERATIC	N WAS PERFORMED	20a AUTOPS	IN CERT	ES, WERE FINDIN	NGS USED OF DEATH?
1	OR COLUMNIA CALLET OF SE	ATH HOUR A.	PFINJURY M. MONTH DAY M.	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATUR	E OF INJURY IN ITEM IB	PART OR PART 2)	
١	OR CONTRIBUTING CAUSE OF DE CIFE ETTHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FAR	M ETC)	211. LOCATION STREET	c	ITY OR TOWN	COUNTY	STATE
١	220.1 certify that (1) (this hosp sow the deceased alive or above, (1) (www) (did) (ded or	July 1.	3 19 8	54/4	nd that in (my) (a) opinion o			19_86_, our and from the	that (I) (we) last couses stated
4	226 SIGNATURE Walne C 224 PHYSIAN'S NAME (17PE	700	m .	ρ.	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN [V	July	13,1986
	WAYNE C.	Foo			SINAI HOS			CTIMORE	E,MO.
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	7-16-8	36 St.	John	emetery or crematory ns Luth Church	-	tëad C	Carroll	MD^{STATE}
	24 FUNERAL DIRECTOR Lorin 8728 Liberty Rd.	g Byers Randall	Funeral Destown, MD		tors, Inc 250 DATE 1133 JU	L 14 10	RR Julia	Javidan 1	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detached for use as the buriol-transit permit. Then please remove corbon pape with the State Dept. of Heolth and Mentol Hygiene prior to buriol, cremotion, or removal

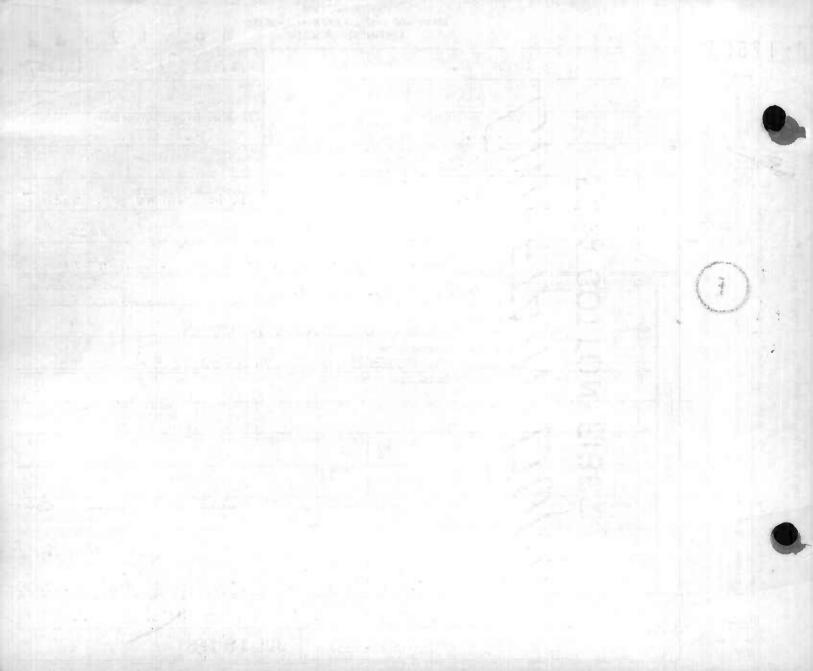
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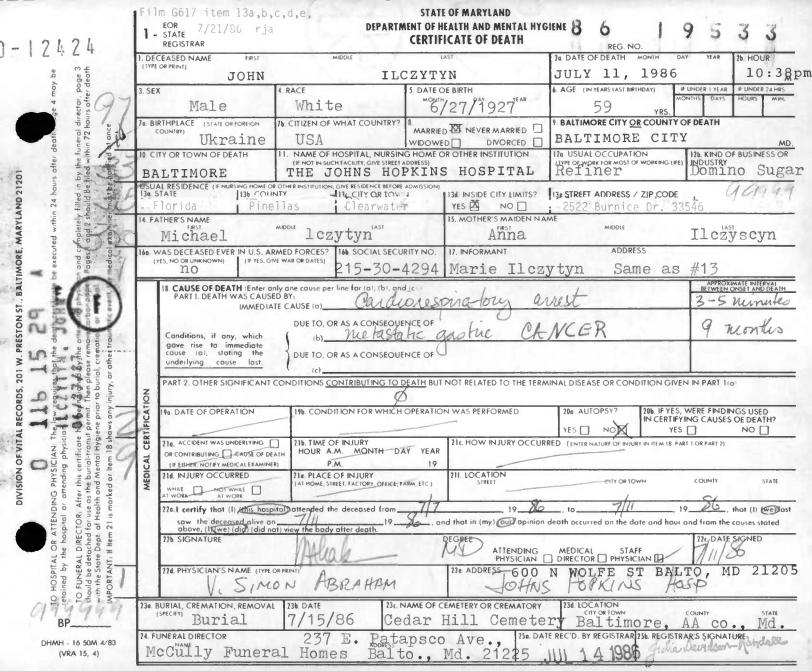


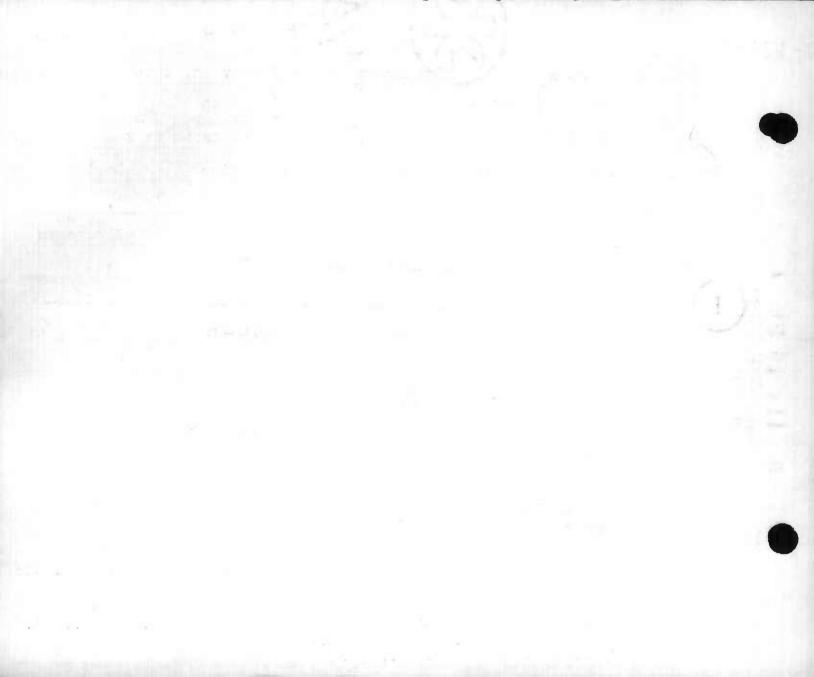
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME AKA - Kathryn S. Hunter 20 DATE OF DEATH MONTH LIYPE OR PRINTS poge 3 July 14, 1986 11:36. HURTENSE KATHRYN 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 21 HRS Female Caucasian Sept 2. 1918 70. BIRTHPLACE (STATE OF FOREIGN TH CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Baltimore City North Carolina 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Maryland General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore SUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 501 W. Franklin / 21201 13d INSIDE CITY LIMITS? Maryland Baltimore Baltimore YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Bush Kathryn George Scott-Hunter ADDRESS 12710 Croome Rd 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 217-74-3990 Bernard D. Duvall Upper Marlboro, Md BETWEET DE AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY Cardiopulmonary arrest IMMEDIATE CAUSE (a) Probable sepsis Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. Carcinoma of the breast; Organic brain syndrome; Flexion contractures; **IFICATION** 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ial-transit intal Hygie 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) WHILE NOT WHILE 270. I certify that (X (this haspital) attended the deceased from June 28 July July 14 86 , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated saw the deceased alive an JULY 14 abave, *(we) (did) (**XXX) view the bady after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 7/15/86 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Pof Mohammad Aslam, M.D. c/o Maryland General Hospital 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Croom, Pr Geo. Maryland Burial St. Thomas Cem 7/17/86 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE P. D. Box 156 DHMH - 16 60M 7/B4 Huntt Funeral Home Waldorf, Md 20601 (VRA 15, 4)

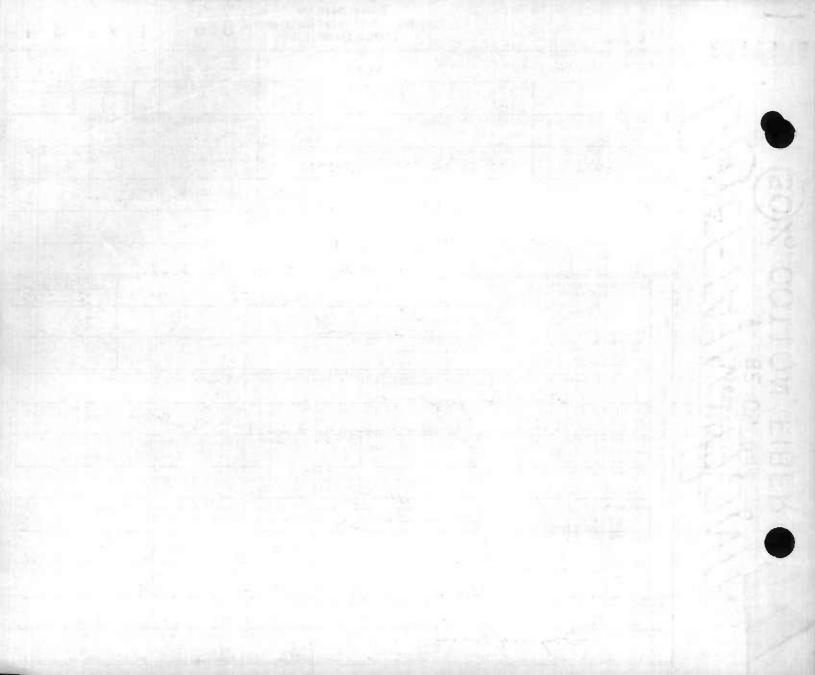
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FEDR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR BEG. NO DECEASED NAME IN DATE OF DEATH MONTH TEAR PERM 7h HOUR STYPE CHIPRING ROBERT INNIS JULY 16, 1986 5:45 1 SEX 4. RACE 5 DATE OF BIRTH A AGE - IN YEARS CAST BRITISHY FUNCER LYEAR Astrontas WAR Male Caucasian 914 Oct. Ta. BIRTHPLACE ANATEOMICHION IN CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY DIVORCED [] Michigan WIDOWEDTY 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17s. USUAL OCCUPATION 17b. KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL Pressman Printing DSUAL RESIDENCE IF MIRE HOME DECIDES INSTITUTION, GIVE RESIDENCE REFORE ADMISSION TO STATE TO 13+STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? 255 Hume Dr. Ohio Canton NO. FFATHER'S NAME 15 MOTHER'S MAIDEN NAME MADD LE FWST ester Lois Sauers Ido. WAS DECEASED EVER IN U.S. ARMED FORCEST 166 SOCIAL SECURITY NO. 17. INFORMANT THIS NO DE UNKNOWN LEVEL OVE WAR ON DATES. 281-07-8501 David No 18 CAUSE OF DEATH (Enter only one course per line for 101, (b)) and 101. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO OF AS A CONSCOUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO: OR AS A CONSEQUENCE OF underlying course last PART 2. OTHER SEGME CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? 786 IF YES, WERE FINDINGS USED IN-CERTIFYING CAUSES OF DEATHT VPS. I NO IT TE HOW INJURY OCCURRED (INTER NATURE OF NUMBER IN TERM IS PART I OF PART ID TIM ACCIDENT WAS UNDERLYING HOUR A.M. MONTH YEAR DRICONTRIBUTING CAUSE OF DEATH OF EITHER NOTIFY MEDICAL EXAMINERS P.AA. THE INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE CORRECT FAT HOME, STREET, FACTORY, OFFICE, FARM, ETC. I AT WORK 27s.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on above, (I) We's difficult not view the bo and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE Th. DATE/SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 776 PHYSIC MOUSINAME (SINT COMME) 22e. ADDRESS 73e BURIAL CREMATION, REMOVAL 22k DATE 23: NAME OF CEMETERY OR CREMATORY 23d LOCATION ELPECIEVE July 17,86 Everly FH Crematory Alexandria, Fairfax Va. Cremation 25¢ DATE REC'D. BY REGISTRARI256. REGISTRAR'S SIGNATURE 10565 Main St. DHMH - 16 60M 7/84 (VRA 15, 4) Everly Funera Fairfax, Virginia



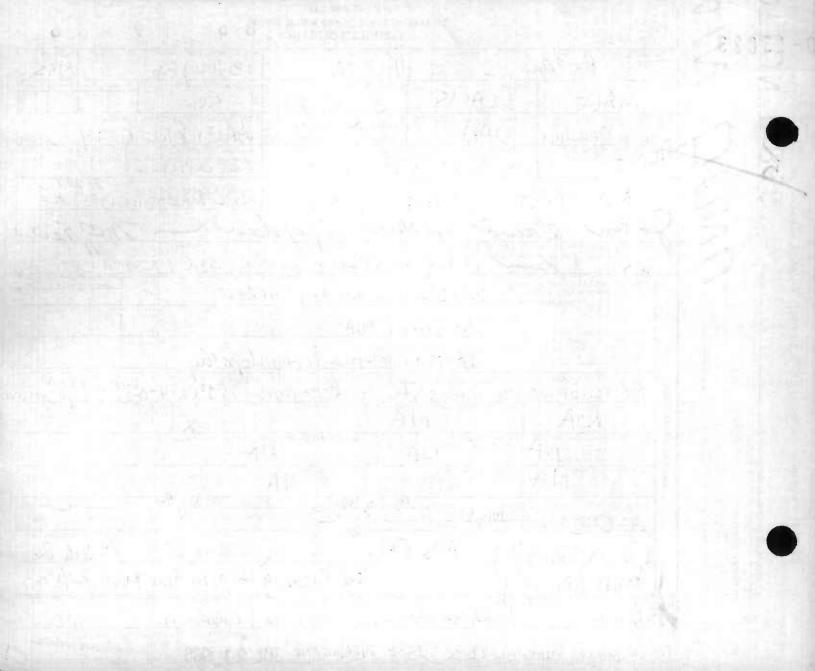
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	,	FOR		DEPART	MENT OF H	EALTH AND MENTAL HYG	IENE	_		15/19	67.9 A	0.40
	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	8 6.		9		3	3
	1 DE	CEASED NAME FIRST		NIDDLE		AST	DATE OF DEATH	MONTH	DAY	YEAR	In work	*
		OR PRINT)	~	NODLE		ASI						
		Floyd		Is	aacs			1	4	86	6:5	SOAM
	3. SE	X	4. RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI	(YACHTS		ER I YEAR	IF UNDER 2	J HRS
		Male	Wh	ite	MONTH	ne 18, 1900	86		MONTHS	DAYS	HOURS	MIN.
	7- 01	RTHPLACE STATE OF FOREIGN				de 10, 1300		YRS.				
A		COUNTRY)	Th CITIZEN OF V	VHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	JK COUN	IT OF DE	AIR		
K)	l l	Minnesota	U.	S.A.	WIDOWE	D DIVORCED	Baltimo	re				MD
1/1	10 C	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION			F BUSINES	SOR
4	B.	altimore		H FACILITY, GIVE STREET		m m m d d = 7	Ret. Stee			DUSTRY		
-		AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION	Memorj	RE ADMISSIONI	ospital	net. Stee	TWOLK	re1			
F	13a. S	STATE 136 COUL	NTY	13c CITY OR TOV	VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COI	DE	-		
	_	Maryland		Baltimo	re	YES NO	2409 E.	Nor	them	a Pk	Ny. 2	121
	14 F.A	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE			105	*	
Y		Francis		Isaacs		Nancy	MIDDLE			Cl	eveng	er
	16a V	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS				
1	(YES, NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES)	402-05-	1355	Pauline Isas	2400 F	Noni	the m	Die	01	214
1		110		402-07-	1777	Tautine iba	acs 2407 E.	MOL				
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per							BETWEEN C	MÀTE INTERV ONSET AND D	DEATH
			TE CAUSE (0)	CON	4057	ive Heary	FAILURE			1	od1	745
		43		1			Fill to the second			100		
		Contract of the	DUE TO, OR	R AS A CONSEQU	ENCE OF							
		Conditions, if any, which gave rise to immediate										
		couse (a), stating the	DUE TO, OR	AS A CONSEQU	ENCE OF				- 3			
		underlying couse lost.	(c)									
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN	PART 110	5.	
	N O	PNEUMO	ALIA									
200	CERTIFICATION	198 DATE OF OPERATION		TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	120b IF Y	ES. WER	E FINDIN	NGS USED	-
Z	E S							IN CERT	TIFYING		OF DEATH	
9 1	E		2 40 50 50	- In Little Divi		In the second	YES NO NO		YES 🗌		NO 🗌	
13		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR	(PART 2)		
E	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		۸.	19							
1	EDIC	21d. INJURY OCCURRED	21e PLACE C		0.00	211 LOCATION	CHY OR TO		-	YINUC		ATE
	Z	WHILE NOT WHILE	AT HOME STRE	EET, FACTORY, OFFICE,	FARM, ETC }	STREET	CHYORIC	WN	CC	TIMUL	STA	ATE
		A Work	1 D 10 L L D	1 11	11 11 - 1	. 25 10 8/2	Dula	11		0.7		
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		sow the deceosed plive or obove, (1) (we) (did) (did no			or	nd that in (my) (our) apinion (death occurred on the d	ate and ha	Jui and f	rom the	couses stat	ed
		226 SIGNATURE	1 1			DEGREE			23	2c. DATE	SIGNED	
		Mark.	V POIN	im	/	MD ATTENDING PHYSICIAN [MEDICAL STA			13	4186	,
1		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		,		50 LITTLE		KENT	- PA	reni	2 "
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		BURIAL, CREMATION, REMOVAL	23b DATE			EMETERY OR CREMATORY	23d LOCATION	-	COLIN	utv	STA	ATE
		Burial	July 8	1986	Rose H	ill Cemetery	Ashlar	ıd	COUN	Kent	ucky	W.E.
	24 Ft	UNERAL DIRECTOR					E REC'D. BY REGISTRAR	25b. REGIS			U	
84		Leonard J. Ruc	ok Ino	Roltine	ore M	laryland JUI		10.	K . A		andelle	
		requera o. unc	A LIIC.	DOT (TIM	ore, m	ar A range 101	7 1986	144000	USUMAN	100/-1/	The second second	

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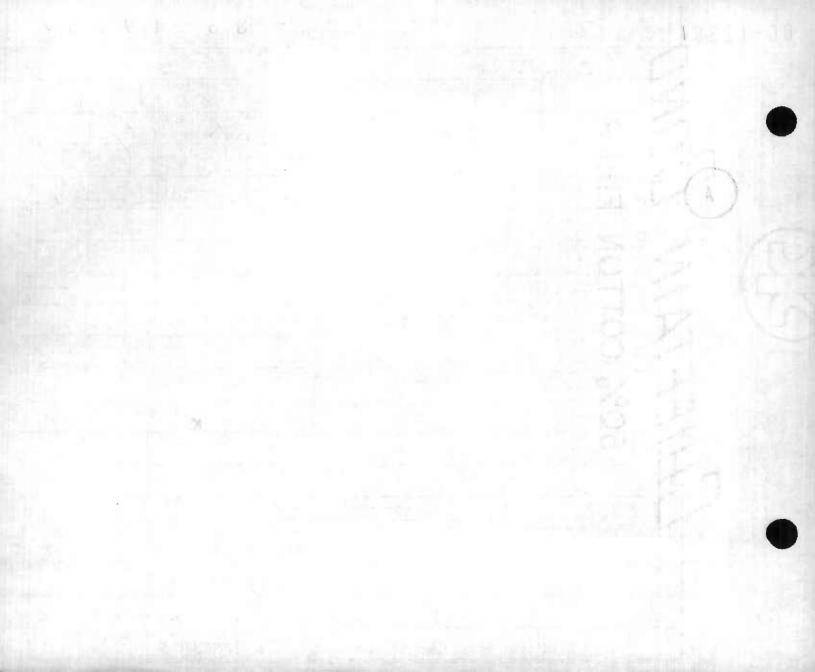
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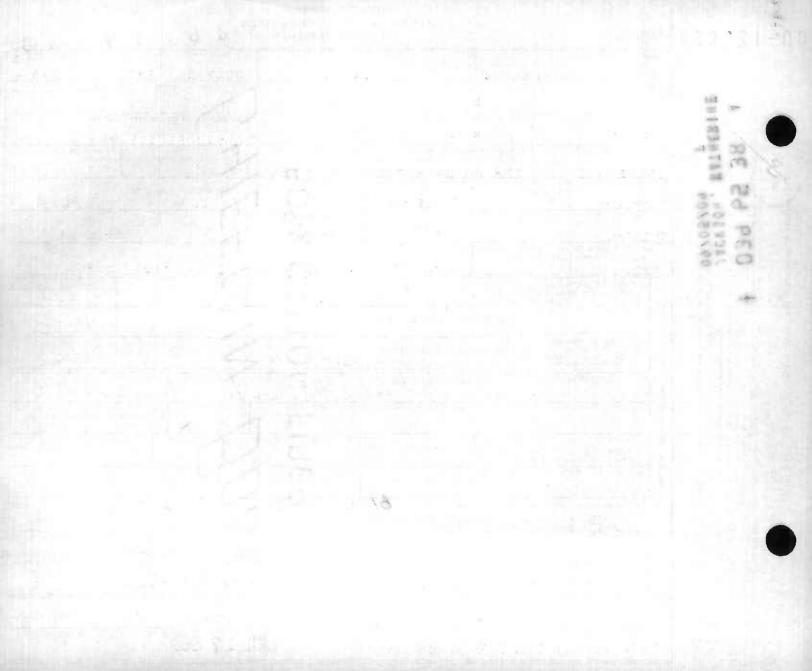
Jeonard J. Buck, Inc. Palamore, Varyland Hill Statement

	1	STATE OF MARYLAND
-13023	1.	FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH P 3 3 6
1 31		CEASED NAME BORGY L MIDDLE JACKSON 120. DATE OF DEATH MONTH DAY YEAR 126. HOUR 18 JULY 86 435 M
age 4 mg	3. SE	MALE BLACK MONTH DAY YEAR 50 YRS. MONTHS DAYS HOURS MIN.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	RTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED 9. BALTIMORE CITY OR COUNTY OR
5		TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 1120. USUAL OCCUPATION 1
136	05U.	AL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. ON TO THE NEW YES TO THE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STREET ADDRESS / ZIP CODE 21229 136. STREET ADDRESS / ZIP CODE 21229 137. STREET ADDRESS / ZIP CODE 21229 138. STREET ADDRESS / ZIP CODE 21229
MARYL SEPTIMENT	8	THERE MAIDEN SAME STORES OF GOLDS S. MOTHER MAIDEN NAME THOSE THOSE TO THE THE MAIDEN NAME TO THE THOSE THOS
TIMORE TO THE TOTAL TO THE TOTA		VAS DECEASED EVER IN U.S. ARMED FORCES! 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (165 NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 244425065 GENEVA JACKSON 4216 MASSA CHUSETTS AVE
ST. BAL difficults on proper emoval.		PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) CARDED - NUMONARY AREST MMEDIATE CAUSE (a) CARDED - NUMONARY AREST
death ce otherwise ove carb		Conditions, if any, which (16) LIGINSTEW CVA
that the sby the ease rem al, cremp		gave rise to immediate cause 101, stating the underlying cause last. DUE TO, OR AS JA CONSEQUENCE OF LOCAL CONSEQ
DIVISION OF VITAL RECORDS, 201 Differding physician otherwise physician as the build from perms. Then plea th and Amental Hygens prior to build orkeder them 18 figures any injury, or	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART INC NOW HOPO CUYCLNOWN MOTO STATIC TO DOMP MOYNOW; I CAXY—CHON, Lingsarum
At RECO	CERTIFICATION	196 DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sum \) NO \(\sum \)
SCIAN SCIAN	MEDICAL CE	218, ACCIDENT WAS UNDERLYING AUSE OF INJURY HOUR A.M. MONTH PAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
MG Perry other start of the sta	MED	216. INJURY OCCURRED A 216. PLACE OF INJURY (AT HOME STREET, FAVOR DEFICE, FARM ETC.) 211. LOCATION STREET NA CITY OR TOWN COUNTY STATE
ATTENDI ripital or CTOR, A A for site 1, of Heal		220.1 certify that (1) (this hospital) potended the deceased from 10 W 60 19 to 10 W 10 10
PAL DRE		DEGREE ATTENDING MEDICAL STAFF BLOCK 86
O HOSPITA TO FUNEA TO Hould be a should be a	1	ROMANOSKY La RAVENUA HOSP, LOC RAUG BLUD, BATT MO
BP	J	STATE COUNTY MD. STATE COUNTY MD. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		CRIMMON FUNERAL HOME 2302 W. NORTH WE 1111 21 1088



					OF MARYLAND				
0-12681	1.	FOR STATE REGISTRAR	DEP		CATE OF DEATH	GIENE 8 6	19	5 3	7
		CEASED NAME FIRST	MIDDLE	T IA	ST	20. DATE OF DEATH		YEAR 25 HOU	1
3 25		Elizabe	/4 Warrick	Jock	Son		7 13 8	36 1:2	25 PM
ge 4 mo	3. SE	Female	Black	5. DATE OF	DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	DAYS HOURS	MIN.
35		RTHPLACE ISTATE OR FOREIGN 7	76. CITIZEN OF WHAT COUNT	TRY? 8 MARRIED WIDOWEI	NEVER MARRIED	Baltimore City of		тн	MD
11 38		LY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES MINES TO DE	PREET ADDRESS)	rother institution	12a USUAŁ OCCUPATK (TYPE OF WORK FOR MOST/OI HONE MOST/OI	WORKING LIFET INDI	CIND OF BUSINE	SSOR
(13)	>		OTHER INSTITUTION GIVERESIDENCE ITY 136, CITY OR CHISTAGE		13d INSIDE CITY LIMITS?	130 STREET ADDRESS /		1219H	Ling
1070	-	THER'S NAME FIRST EORGE	R. Warrick		Blanche	AME MIDDLE	D	uckery	
adou 2	1, (VAS DECEASED EVER IN U.S. ARA (ES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	SECURITY NO. 0-404/	Chart &St	ADDRE eve Warrick,	S Chesap 204 Char	eak City les St.	y ,MD
physical propertiment, the	1	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED (MMEDIATE		Chmia	(Cardrac agr	est)	38	APPROXIMATE INTER TWEEN ONSET AND	DEATH
the control of the co			DUE TO, OR AS A CONS						
den den	14	Conditions, if any, which	((b) Av.	thy (bord o					
that the tay the rate rem al, crems rather t	-	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	equence of be	at Feether				
equivers A Spread Themple of the burn of the burn of the burn	NOI	PART 2 OTHER SIGNIFICANT CO	Onditions <u>contributing</u>	TO DEATH BUT N	NOT RELATED TO THE TER	MINAL DISEASE OR CONE	ITION GIVEN IN P	ART 110	
2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WI	MAA	I WAS PERFORMED	YES NOM	20b. IF YES, WERE IN CERTIFYING C. YES [FINDINGS USED AUSES OF DEAT NO	.Hs
E physical properties of the physical p	2475 S.H	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	IN ITEM 18 PART 1 ORP	ART 2)	ř.
of Phra affection or the bu- th and Mu	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (ATHOME STREET, FACTORY OF	FICE, FARM ETC.)	211. LOCATION STREET	CITY OR TOV	vn cou	NIY S	STATE
TOR A for one of alf Health		220. certify that (I) (this hospite sow the deceased alive an _ abave, (I) (we) (did) (did not	7/13	76.	that in (my) (aur) apinion	, to	te and hour ond fro	that (I) (vam the causes sto	
the house the house at Diego enschad the Dept.		22b. SIGNATURE	120	D	EGREE ATTENDING PHYSICIAN	MEDICAL STAF	FVO	DATESIGNED	4,
O HOSPITA FIGURED TO FUNES TO		220 PHYSICIAN'S NAME (TYPE OR ALL KLEUT,	20		University of	Andod Hosp	tal	1	
# I	23a E	URIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY		IAVE
BP		Burial	July 19,1986	Bohemia			Manor, Cec		Mb
DHMH - 16 60M 7/B4 (VRA 15, 4)	74 F	INERAL DIRECTOR Stewart Fur	neral Home Ca	mbridge,		TE REC'D. BY REGISTRAR	SE REGISTRAR'S SI	GNATURE	4.





2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE

(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG	. NO

		REGISTRAR					REG. N	0.		-	1	
	I. DEC	CEASED NAME John P. S	lakubowsi	ki (Jacob	son)	AST	7-10-86	MONTH	DAY YEAR	26 HOURs	М	
0	3. SEX	X	4 RACE		5 DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 H	_	
1		Male	White		11	-6-1 ⁹ 14	71	YRS	MONTHS DAYS	HOURS M	IN.	
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	BALTIMORE CITY					
	Ba.	lto., MD	USA		WIDOWI	ED DIVORCED	Baltimor	e (it	ty	MD.		
7		Baltimore		H FACILITY GIVE STREET	ADDRESS)	enue-21206	120 USUAL OCCUPATI ITYPE OF WORK FOR MOST O Retired		INDUSTRY	F BUSINESS Coast		
5	130 S	AL RESIDENCE I IF NURSING HOME OF		Baltino	N	13d INSIDE CITY LIMITS? YES X] NO []	5530 (edonia Ave21206					
)	14 FA	THER'S NAME FIRST William	MIDDLE	akubowsk:	i	Michelena	WE		LAS	1		
		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIN	lonia Av	e. 212	206							
ļ,		IS CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
	370	IMMEDIA"	12	44								
		DUE TO, OR AS A CONSEQUENCE OF										
1		Conditions, if any, which	((b)_			V		100				
		gave rise to immediate cause (a), stating the	DUE TO, OI	R AS A CONSEQUE	NCE OF							
		underlying couse lost.										
	NOI	PART 2 OTHER SIGNIFICANT (ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART I)		
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES			
	CER	210 ACCIDENT WAS UNDERLYING	110110 4		M ME / =	21c HOW INJURY OCCURR						
		OR CONTRIBUTING CAUSE OF DEA	in .	M, MONTH DA	Y YEAR	AND RESIDENCE						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION					_	
	W	WHILE NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITY OF TO	WN	COUNTY	STATE		
		22a I certify that (1) (this hospi	tol) ottended the	e deceased from	151	7 19		-	19	that (I) (we)	lost	
		sow the deceased alive on above, (I) (we) (did) (did no	1) view the book	after death.	, 01	nd that in (my) (our) opinion o	death occurred on the di	ate and hou	ur and from the	couses stoted	-	
		226 SIGNATURE		1 15		DEGREE			22c. DATE	SIGNED	100	
		wit		Frank	255	. /	MEDICAL STATE		7/	11/80		
		22d PHYSICIAN'S NAME (TYPE O				22e ADDRESS		1999				
		Arkun	A 76	rpick			sigh May)				
		SURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY of Faith	23d LOCATION CITY OF TOWN Balto		°Bă1to	MINE		
	24 FI	INFRAI DIRECTOR	7-14-8	6	Luciis						-	
	24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S REGISTRAR'S SIGNATURE 260. DATE REC'D. BY REGISTRAR'S SIGNATURE 260. DATE REC'D. BY REGISTRAR'S SIGNATURE 270. DATE REC'D. BY REC'D. BY REGIS											

John (. Miller Inc-6415 Belair Rd. -21206

DHMH - 16 60M 7/84

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			FOR				OF MARYLAND				
0-128	5	1-	STATE REGISTRAR		DEPARIN		EALTH AND MENTAL HYG ICATE OF DEATH	63 L	1 0) = A	
		1 05			DDLE		AST	O REG. NO	D. DA	1 5 64 Y YEAR 12h	
be oge 3			CEASED NAME FIRST ALL		IDOLPH		ames	76 DATE OF DEATH	7/10	1001	HOUR 7 15 am
moy r pog		3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR IF U	UNDER 24 HRS
ge 4			male	blac	h	12	1/1/20	65	YRS.		
oth. Po	1917		RTHPLACE (STATE OR FOREIGN OUNTRY) CAROLINA	76 CITIZEN OF WI	HAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Baltimore City of		CI-	140
the de	Par	-	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION	NC	126 KIND OF BU	SINESS OR
by the	42	B	allimore	Sinai	LOSPI	tel	of Bout.	high sch	9	COUNSE	lor
ND 2120 74 hours Tiled in by ould be file	2	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE	INTY (1)	RESIDENCE BEFORE 31. CITY OR TOWN Bolling	N ·	13d. INSIDE CITY LIMITS?	134 STREET ADDRESS /	ZIP CODE	saltimore	, Md.
A A A A	-	14. FA	THER'S NAME				15. MOTHER'S MAIDEN NA				2120
MARYLAND mm mm mm mm A A A A A A A A A A A A A	131		ALBERT	E.	JAMES		BEATRICE	WIDDLE		PLANTER	
xec and	medicol 7		AS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	66 SOCIAL SECU		17 INFORMANT	POP	H Bare	eva Road	
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ficate l	ŧ.		18 CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS	only one couse per lu	ne for (a), (b), one	d (c).)				BETWEEN ONSE	TAND DEATH
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e i i	-	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITE	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDINGS	USED
n. n. perm	5	FE						YES NO		ING CAUSES OF	
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CIAN: The physicic pertificate of transit man Heart	Hear 18		OR CONTRIBUTING CAUSE OF DE	EAIR	. MONTH DA	-					
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or or a	O E		220.1 certify that (I) (this hasp			.7	11 19 86		/10 19		
TTEN pitol for u	21 :		sow the deceased alive o above, (1) (we) (die) (did n	in 7/1	ter death	86, ar	d that in (my) (our) opinion	deoth occurred on the do	te and hour o	and from the cous	es stoted
R A hos hed hed	E E		22b. SIGNATURE	Orly view title body of	2 4 6		DEGREE	****		22c. DATE SIG	NED
the the cetoc	2		finda	1 1/2	ne	_ /	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN X	7/10	186
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T a T a	2	23a. l	URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
BP	_		Burial	7/15/8		rriso	n Forest Vete	ran	Baltin		ryland
DHMH - 16 60		24 F	Ol Gwynns Fall	UNERAL HO	OME, INC		25a DA1	E REC'D. BY REGISTRAR	256. REGISTA	ARS SIGNATION	delle
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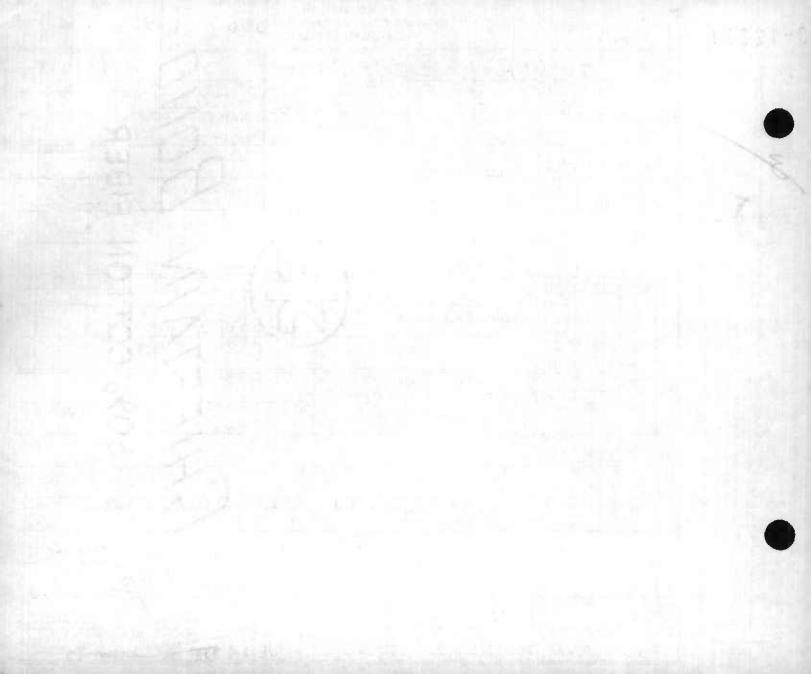
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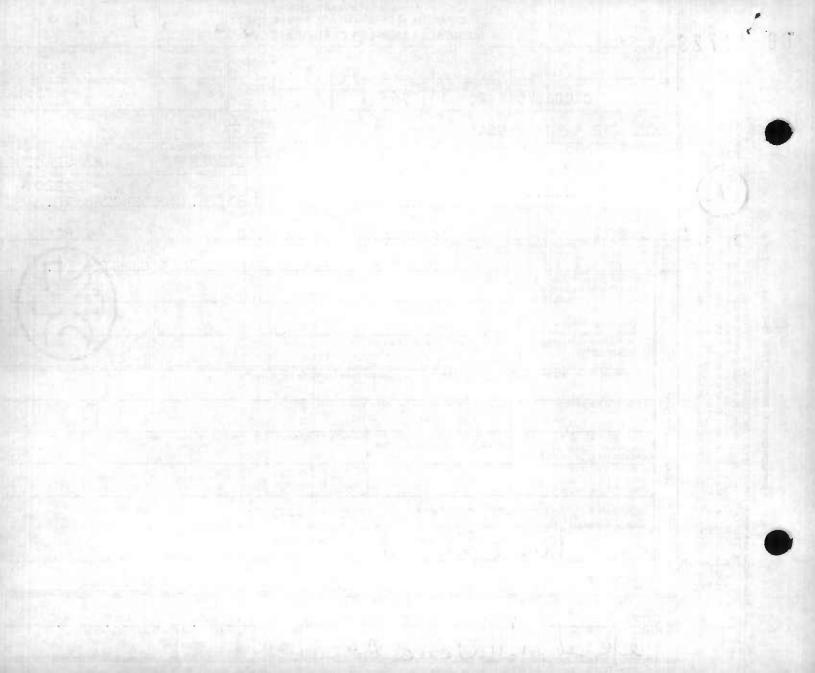
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			FOR				DEI			ARYLAND	HYCIE	NB	,	0	5	a 3	
'n n'	11720	1-	STATE REGISTRAR			N		CAL EXAMI			OF DE	ATH	REG.	NO	3	1 0	
00-	11729	T DE	CEASED NAME		FIRST		M	IDDLE		LAST		2a. DATE OF	KNOWN	_	eth Day	YEAR	26 HOUR
	PLEASE CCTOR. FILES. HOURS STREET,				Frank				the the	skiewicz		DEATH	ESTI- MATED			1986	M
	DIRECTION FILE	3 SEX	ALE	4 RACE	UCAS	DATE OF BIR	ð		PEARS IF UNDAY) MONT		ER 24 HRS	PRONOU DE AI	NCED D	MON	7 3	1986	5:48P
•	S NEGSSARY, PLEASE FUNERAL DIRECTOR. E. FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,	MA	TRYLAN			76 CITIZEN OF USA	WHAT	COUNTRY?	B. MARR	ED NEVER MA	RCED	E	MORECIT Baltii	more	City		MD.
	THE FUN THE FUN THE FUN PILED, W		Balt	imoı	re	(IF NOT IN SUC	N.	AL, NURSING HOA Y, GIVE STREET ADDRESS Woodingt	on Ro			ABORE		TYPE OF WO		NUFA	SINESS CTUR
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ALTIMO	IN GIVE PAGES I. CHIVE FORWARTH FORWART		VAS DECEASED ES, NO, OR UNKNO NO	DEVER	IN U.S. ARM (IF YES, GIVE W		1	66. SOCIAL SECUR UNKNOW	ITY NO.	GERARD		ITA 8	ADDRE				
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VITAL REC	SED SED	MEDICAL CERTIFICATION	19a. DATE OF	OPERA	TION	19b COM	NDITION	N FOR WHICH OPE	ERATION W	AS PERFORMED?						AUTOPSY	NO [X
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PIA	S E S H E S	ME	WHILE AT WORK	NOT Y		STREET,	FACTORY	, FARM, ETC.)		TREET		CITY OR TO	OWN		COUNTY		STATE
•	TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE A SHOULD BE FORWA TO FUNERAL DIRECTOR: PAG AFTER DEATH, WITH THE STAT BALTIMORE, MARYLAND, 212		220 certil death resulte ACTUAL SIGNATURE_	1		of the remains it causes X.		ed above, held on scident . s	Autop	Homicide TITLE (SPECIFY) D Assistar	155	Inquiry etermined m DICAL EXA/	nanner	and in m		7/4/8	36
	CO MEDI SECUTE PAGE 4 TO FUNE SALTIMO	-	EXAMINER'S (TYPE OR PRI)	NT)			Α.	Korell, N		ADDRESS		nn St.	Ва	lto.N	1D.		
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1-13149	1 -	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 6	9544
10		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONT	TH DAY YEAR 26. HOUR
4 8 8	(TYPE	Andrew		Jedlicka	July 19,	1986 4 4
you god	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS
ctor.		Male	White	Aug. 12, 19.	10 75	YRS. DAYS HOURS MIN.
Pog Pog	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OF CO	
or the orth	B	il timore, Md.	U. S. A.	MARRIED WIDOWED DIVORCED	ROLTIMAN	e Citu.
de de de	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUBSIN	G HOME OR OTHER INSTITUTION		
540	Ba	ltimore	Francis Scot	t Key-Med. Cn	tr. Steel Wol	RKING LIFE) 178. KIND OF BUSINESS OR INDUSTRY Beth. Steeth.
ND 212		AL RESIDENCE (IF NURSING HOME OR STATE Md. 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)		cope 21224. airmount Ave.
YLA thin thin ther	14. F/	THER'S NAME		IS. MOTHER'S MAIDEN	NAME	
MAR whole		John .	Jedli	cka Julia	WIDDLE	Frazer
RE, I			MED FORCES? 166 SOCIAL SECU	101711-10 112 115-0011-117	altimore. ADDRESS	Md. 21224
MORE of execution of the propes	- ((ES, NO ORTHNKNOWN) (IF YES, GIVE	219-07-	59414-Emma A.		15 E. Fairmount v
ALT sicio pers ol.		18 CAUSE OF DEATH (Enter onl	ly one couse per line for (o), (b), an	d (c),)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., B			E CAUSE (o) Cardio	pulmoney	ATES	
ding orbo			DUE TO, OR AS A CONSEQU	ENCE OF		
PRESTON he death of he ottendin emove corb imption, or r		Conditions, if ony, which	(b) type	susion, 5	P <va,d< td=""><td>JD</td></va,d<>	JD
the o	200	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEOU	ENCE OF		
by by ose		underlying couse last	(c)			
ires t		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITIO	ON GIVEN IN PART LIG
RDS equippen significant	CERTIFICATION					
DIVISION OF VITAL RECORD ING PHYSICIAN: The low requirant this certificion. We have certificione has been is on the buriol-tronsit permit. The hand Mental Hygiene prior to orked or them 18 shows any injury.	3	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
At R	H H				YES NO	YES NO
VIII NAN Hysic hysic rrons Hyge 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 216. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN I	IEM 18 PART 1 OR PART 2)
SICIA Page p	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	III	19		
PHY andir d M d M	ED	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
offer the hon	2	AT WORK AT WORK				
E se ol			tal) attended the deceased from_	, 19	, to	, 19, that (I) (we) lost
R ATTER hospito RECTOI red for ppt. of H		sow the deceased alive on above, (1) (we) (did) (did not	19	ond that in (my) (our) opin	nion death occurred on the date o	nd hour and from the couses stated
OR A DIRE Dept oched		226. SIGNATURE	10	DEGREE	io duspical state	221. DATE SIGNED
AL deto		- 30 Lux	- See	ATTENDIN PHYSICIA	MEDICAL STAFF IN DIRECTOR PHYSICIAN	· 11-21-86
HOSPIT ouned by D FUNER ould be outh the Ste		274 PHYSICIAN'S NAME (TYPE OF	R PRINT!	27e ADDRESS	2 1/21	1 81833
O HO From MPOR		Dr. MUKOSK	1 P. Luhar	15'16 11	12 MIT BLV	Y DUNGAIK MICH
7 5 T 2 3 3	23a	BURIAL, CREMATION, REMOVAL SPECIFY) Burial		NAME OF CEMETERY OR CREMATO	ORY 23d. LOCATION	E CHINTY STATE
BP		-	1/23/86 Ga	rdens of Fait		2, Md. 21206. STAIF
DHMH - 16 50M 4/83 (VRA 15, 4)	24 E	000 E. Balti	more St. Balto	Funeral Home	DATE REC'D. BY REGISTRAR 256. I	REGISTRAR'S SIGNATURE

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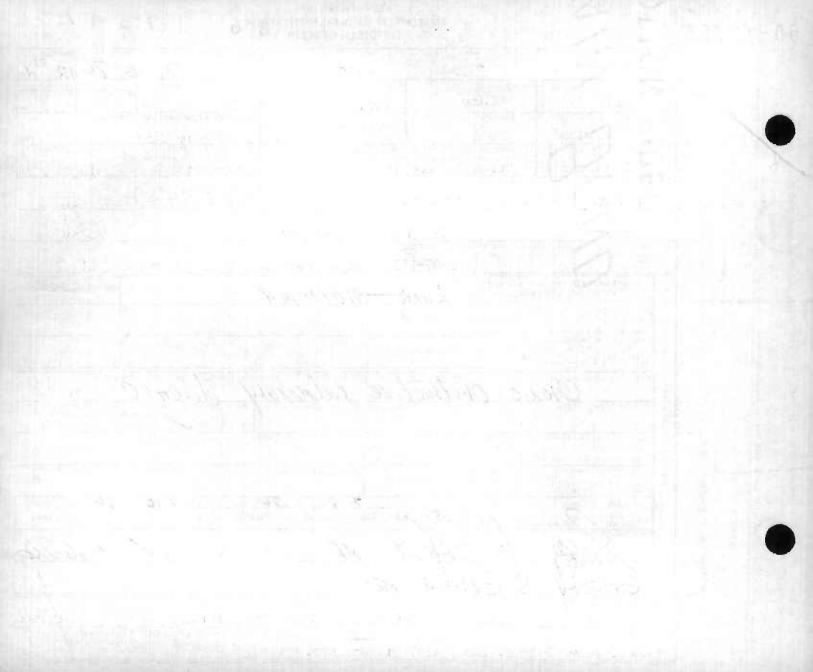
BUREAU TYPENING IN MAILTONAL BUREAU LAND LANDING WITTER I SOURS KINE AL ROTE, INC. 2501 GREENS PAIRS FRAME, RADELING, CD. 21216 L. BUILD E & BEID

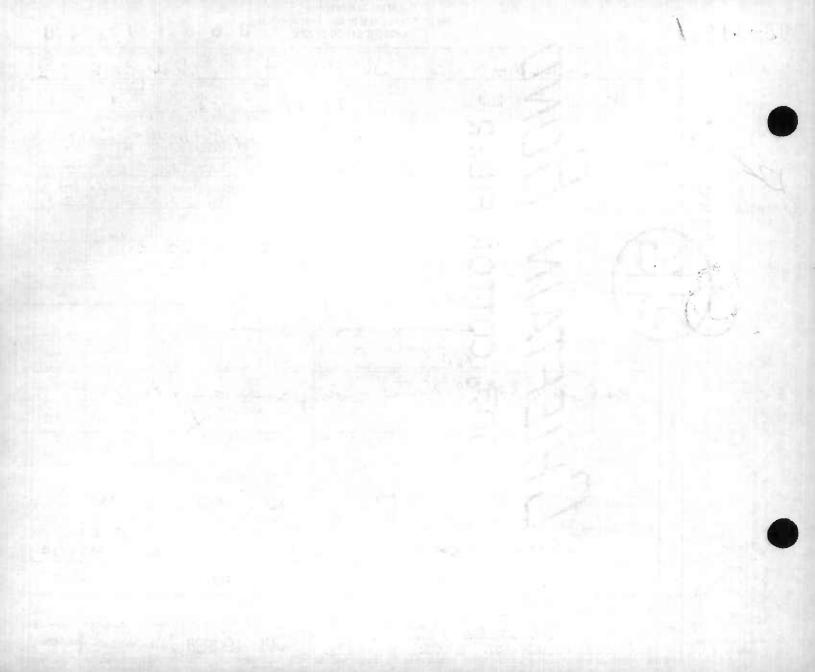
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME KNOWN (TYPE OR PRINT) OF ESTI-5/ Jenkins DEATH MATED 1986 IF ANY DELAY IS NECESSARY, PLEASE 3. AND 310 THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS. 3. RECORDS, 201 W. ARESTON STREET, Charles Jr. & AGE (IN YEARS | IF UNDER 1 YR 1 SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS 24 HOUR 6:45 DATE 65 BIRTHDAY 12 PRONOUNCED M B 20 DEAD 1086 3 M To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY! Baltimore City, Virginia 10 CITY OF TOWN OF DEATH WIDOWED DIVORCED U.s.a. 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Driver Saleman Baltimore 1624 N. Bond St. USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 130 STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY 1624 N. Bond STreet 21213 Marvland Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE FIRST Jenkins Sr. Paige Rosa Charles 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 1 (IF YES GIVE WAR OR DATES! Catherine Jenkins 1624 N. Bond Street 218039236 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost DIVISION OF VITAL RECORDS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN CERTIFICATION EXECUTE THE CERTIFICATE, WRITING THE WORD "PENING AS SHOULD BE FORWARDED TO THE CHIEF MET TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS AFTER DEPARTMENT OF STATE DEPARTMENT OF HEAT BALLIMORE, MARYLAND, 21201 PRIQR TQ BURIAL, CRE Carcinomatosis 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 218 PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted fram: Notural causes Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7/5/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS 236 LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial 7-10-86 Arbutus Arbutus 07/84 Arbutus Mary 1250. DATE REC'D. BY REGISTRAR'S SIGNATURE 110 25M 24 FUNERAL DIRECTOR Wm.C.March F/H Inc. 1101 East North Avenue **DHMH - 17** (VR A15 ME (5))

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

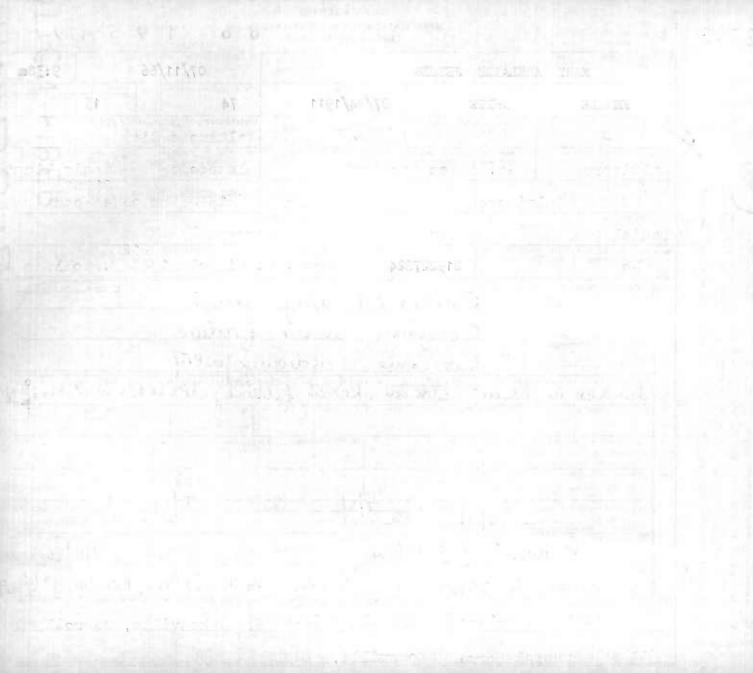
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(VRA 15, 4)

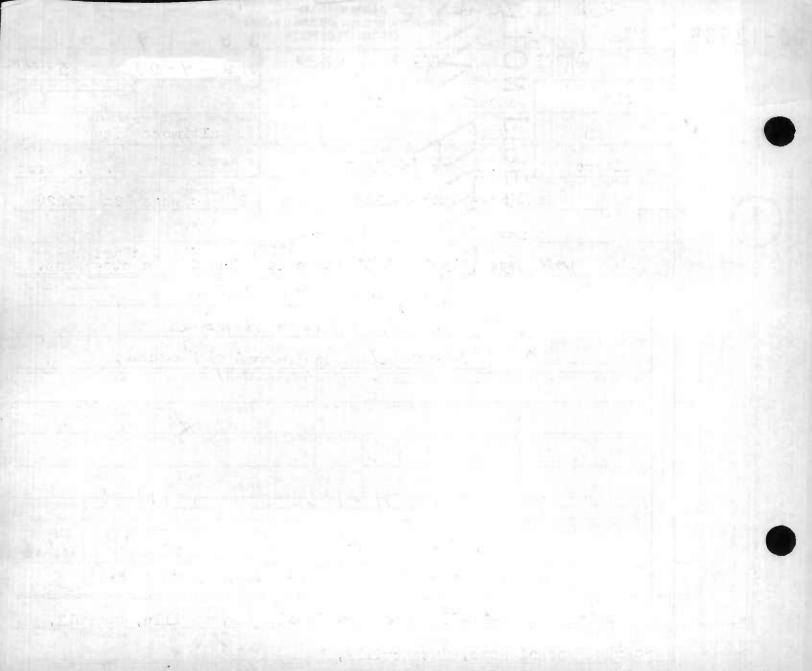


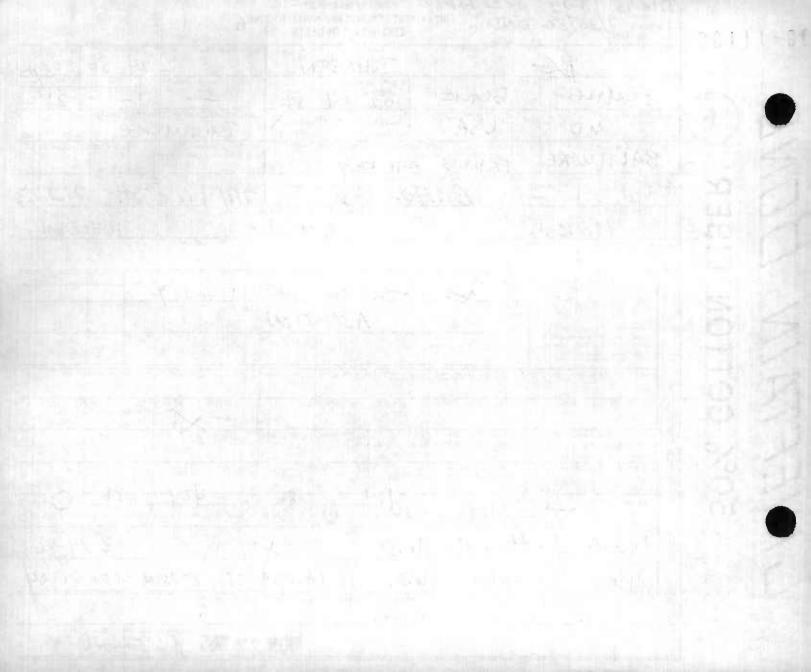


-12535	1 -	FOR STATE REGISTRAR		DEPARTM	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 6	9 NO.	5 4	9
9 F 6		EASED NAME FIRST DR PRINT) MARY	ADELAIDE	JESSEN	l	AŚT	26. DATE OF DEATH	/11/86	YEAR	26 HOUR 9:38m
ge 4 may ector, po	1.5E)	FIMALE	4 RACE WHITE		5. DATE C	24/1911 YEAR	6. AGE (IN YEARS LAST	BIRTHDAY) IF I	NIHS 135	IF UNDER 24 HRS
O TO THE PARTY OF	IE BII	THPLACE (STATE OR FOREIGN DUNTRY) MD	76. CITIZEN OF WH	IAT COUNTRY?	MARRIE WIDOWE	DEVER MARRIED DEVORCED	9. BALTIMORE CITY Baltimor	_		MD.
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ompletely ond 2 s		niel k	WIDDLE	Orem		15. MOTHER'S MAIDEN NAM	Known MIDDLE		LAST	
BALTIMORE, cote be execu- ysicion and co ppers. Pages 1 val.		AS DECEASED EVER IN U.S. AS DECEASED EVER IN U	ARMED FORCES? 16	2192272		Dorothy E		y 1503		olling R
ALRECORDS, 201 W. PRESTON ST. The faw required that the death centification is a second to the attending of the permit of the attending of the permit of th	ATION	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED) Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION	DUE TO, ORA DUE TO, ORA (b) DUE TO, ORA (c) T CONDITIONS CON	S A CONSEQUE S A CONSEQUE S A CONSEQUE TRIBUTING TO D	NCE OF NCE OF NCE OF NCE OF	NOT RELATED TO THE TERM	Gailur	MOITION GIVEN	I IN PART 1	1 21 1
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HOSPITAL OR ATENDING PRI pined by the hospital or attend FUNERAL DIRECTOR: After this add the deteched for use on the bit the State Dept. of Health and a DORTAN: If them 21 is morked on	MED	22a I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did) (22b. SIGNATURE	pital) attended the don 7 11 11 11 11 11 11 11 11 11 11 11 11 1	aceased from 19 2 er death.	76 . ar	22e. ADDRESS		dote and hour of	221 DATES	
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DHMH - 16 60M 7/84 (VRA 15, 4)		neral director acNabb Fune	ral Home	, Cato	nsvi	4	1 5 1986		R'S SIGNATU	

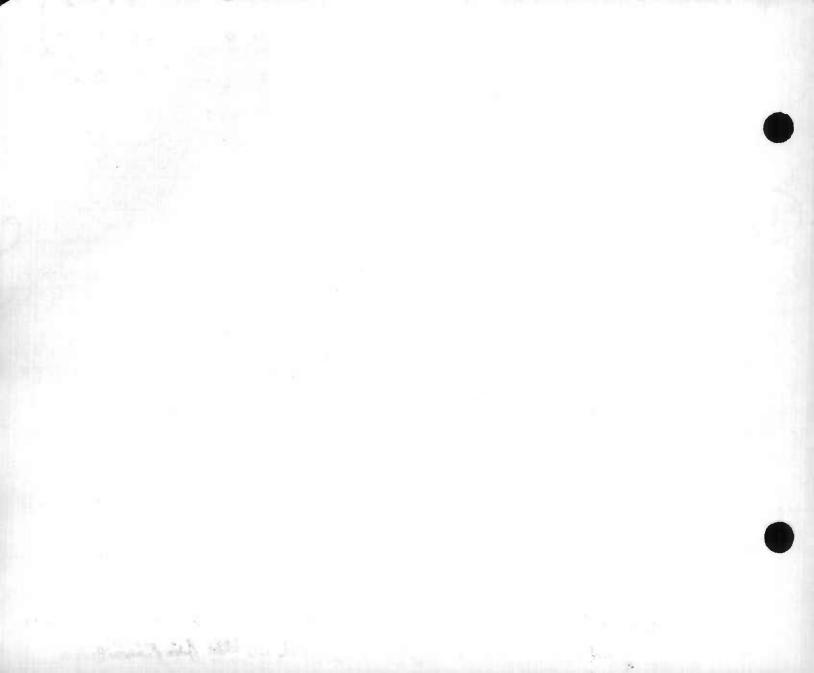


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00-1	253	6	1 -	STATE REGISTRAR 7-19-	-81 - 3	CERT	IFICATE OF	MENTAL HYG DEATH	8 6 REG. P	1 9	19 63	0
e e	poge 3			CEASED NAME Albert	t George	rge	John:	ns 5	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR 5 15 AM
e 4 moy	s ofter d		3. SE	Male	Caucasian	5. DAT	OF BIRTH	VEAR 07	6. AGE (IN YEARS LAST B	IRTHDAY) IF MOI	UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
deoth. Pog	n 72 hour	4		RIMPLACE (STATE OR FOREIGN DUNTRY) MD	76 CITIZEN OF WHAT COUNTY	MARE	NEDE NEVER	MARRIED	9 BALTIMORE CITY Balti			MD.
0) s ofter d	by the fulled with	4	1	altimore	11. NAME OF HOSPITAL, NU	RSING HOM	e OR OTHER INS	TITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST Clerk	OF WORKING LIFE)	INDUSTRY	BUSINESS OR Herman
AND 212	old be f		13c. S	AL RESIDENCE (IF NURSING HOME OF STATE 135 COUNTY BA	NTY 13c. CITY OR		_ 13d. INSIDE C	CITY LIMITS?	13e STREET ADDRESS 2 F McI			1228
MARYL	1//	30	19/	THER'S NAME FIRST	middle last		15 MOTHER	s MAIDEN NAM FIRST Inah	ME MIDDLE		Joh	
LTIMORE,	Poper co	2		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) IF YES, GIV	MED FORCES? 166. SOCIAL S (E WAR OR DATES) 215-1	SECURITY NO	5A Mar	ani 2122 jorie	Johns 2	d ^{ss} Orch F McIn		
T., BALT	phys con on pop	event,		18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA)	one couse per line for (0) (b D BY: TE CAUSE (0)	utnic	ular	Figur	Vation		BETWEEN C	MATE INTERVAL
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DIVISION OF VITAL RECORDS, 20	n. ios been signe. permit. Then pl ne prior to buri	South inland	CERTIFICATION	PART 2 OTHER SIGNIFICANT (19b. CONDITION FOR WI				20e AUTOPSY?	206 IF YES, V	VERE FINDIN	GS USED OF DEATH?
N OF VITAL	certificate harial-transit	Hera I B she	MEDICAL CERT	? (a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEALER EITHER NOTIFY MEDICAL EXAMINES	HOUR A.M. MONTH	DAY YEA	R P	ZAL-	YES NO	YES		NO 🗌
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ITAL OR	e detoche	E H		22d. PHYSICIAN'S NAME (TYPE	Muy 80	-	· · · ·	ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN []	224. DATE S	11/26
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	P			Burial, CREMATION, REMOVAL SPECIFY) Burial			CEMETERY OR View C	emeter	y Sykesv	ille,	Carro	11, STATE
DHA	MH - 16 60M 7 (VRA 15, 4)	7/84		INERAL DIRECTOR acNabb Funer:	ADDR	ESS		250 DATE	RECID. BY REGISTION	255 REGISTRA	RSSOCNATI	IRE

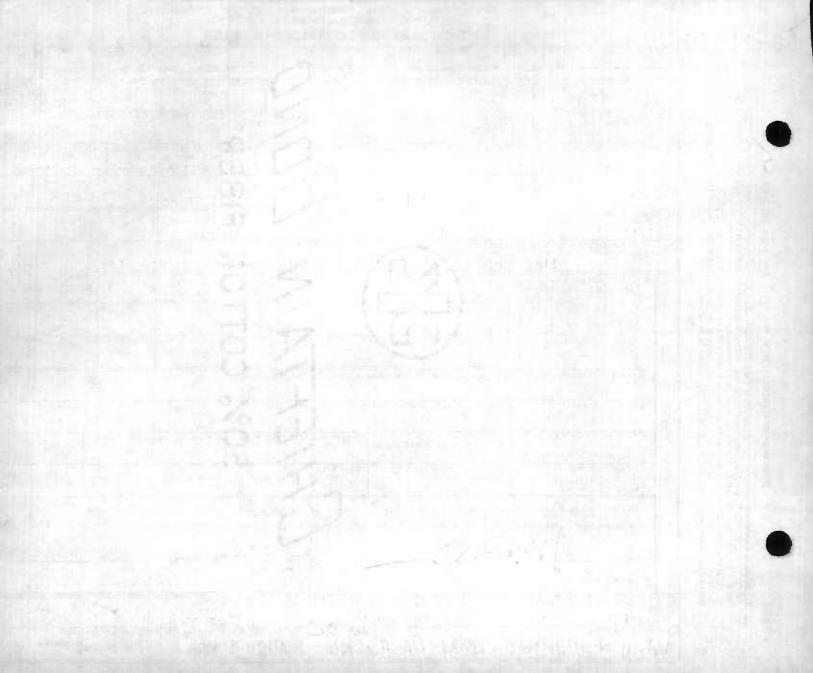




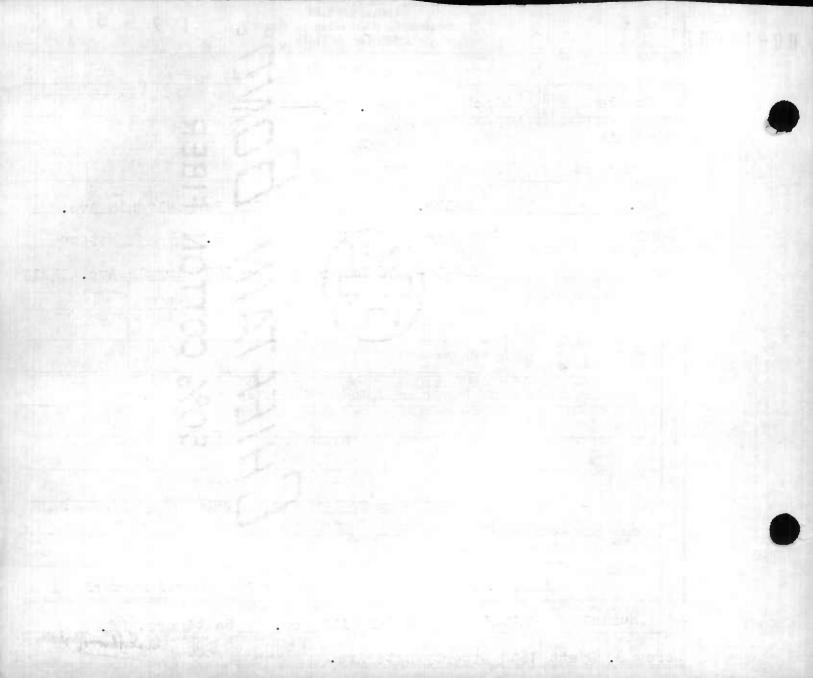
	1			STATE OF MARYLAND	-		
156		FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 6 REG. N		2
		CEASED NAME FIRST	MIDDLE	Johnson	20 DATE OF DEATH	3 6 86	26. HOUR
	3. SE	Kenele	4. RACE BLACK	5. DATE OF BIRTH MONTH DAY YEAR 8 8 6	6. AGE (IN YEARS LAST BIR		HOURS MIN.
33		RTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	PATTA	RCOUNTY OF DEATH	MD.
1	10 C	RACTO	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION (ADDRESS)	(TYPE OF WORK FOR MOST O		BUSINESSOR
37	13a. 3	Md. VIXCO	UN OTHER INSTITUTION. GIVE RESIDENCE BEFORE UNITY OR TOVER THE BALTO. (READMISSION) 13d. INSIDE CITY LIMITS? 2. Z V YES NO	4012 LiBE	ZIP CODE	QVe. 2120
200	4. F/	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N FIRST	MIDDLE	EAST	
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njury, ar other traum	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	nown thology	Tof.	DITION GIVEN IN PART 110	7
19	FICAT	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES TO	
on 18 sh	AL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M. MONTH		JRRED (ENTER NATURE OF INJU	RY IN ITEM TB PART I OR PART 2)	
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T. If them		226. SIGNATURE M. au.	am	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF 3/8/	GNED 4
A DRIAN		224 PHYSICIAN'S NAME (TYP) Margur	(1) ()	22e. ADDRESS			
3	23a.	BURIAL, CREMATION, REMOV.		NAME OF CEMETERY OF CREMATORY	23d LOCATION CITY OR TOWN	73 COUNTY	STATE
W 4/83		M, OUL 274 PHYSICIAN'S NAME (1VP Marquy BURIAL, CREMATION, REMOV. (SPECLY)	ret Adams	NAME OF CEMETERY OF CREMATORY	DIRECTOR PHYSIC	Ffan 3/8/	4



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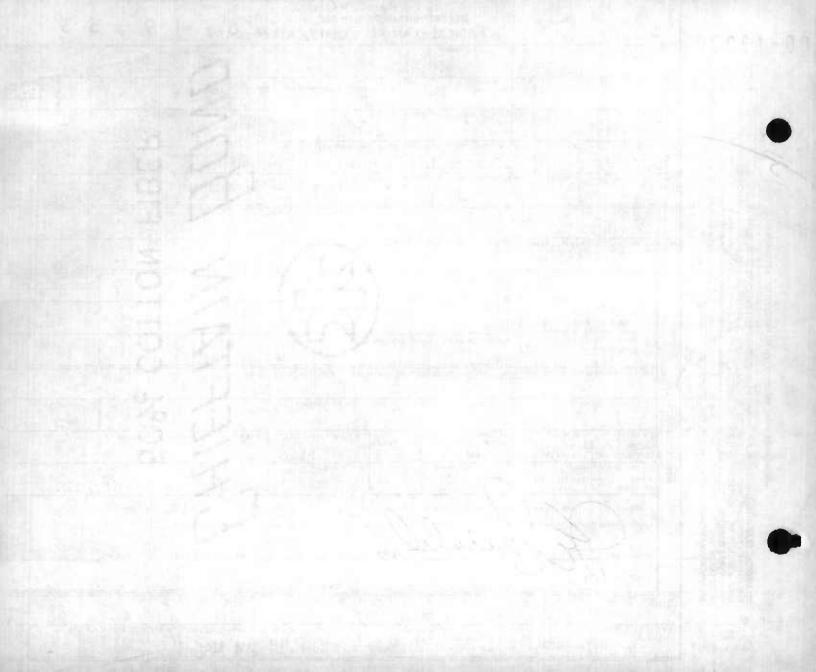


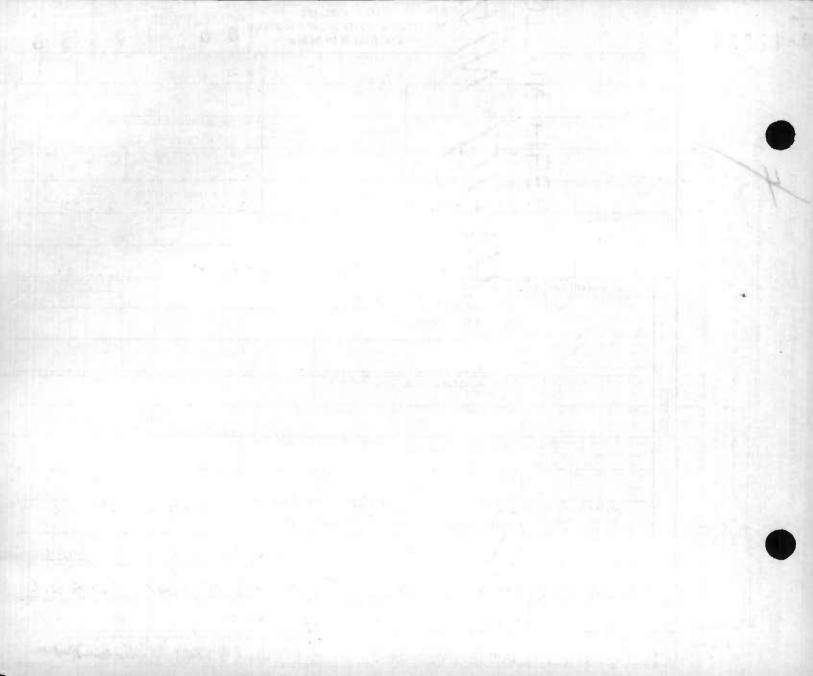
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ficate ficate physicia poper novol.			18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	lly one couse pe D BY: TE CAUSE (a)	r line for (a), (b), and	d (c)		robably second	BETWEEN	MATE INTERVAL ONSET AND DEATH		
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ral OR Ay the hor Aal DIRECT detoched of Dept.			226. SIGNATURE	1			DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	27c. DATE	SIGNED		
TO HOSPITAL etbined by it TO FUNERAL should be dety with the Stote IMPORTANT:			22d PHYSICIAN'S NAME (TYPE OF Fuad Shi	hab, M.				ryland General	l Hospital			
BP		1	urial, cremation, removal Burial	7/14/			emetery or crematory Hill Cem.	23d LOCATION CITY OF TOWN Baltimox	county	STATE		
DHMH - 16 60M 7/ (VRA 15, 4)			roy O. Dyett	4600	Liberty	Hgts			ASI NO DENG	- Track		



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR KNOWN X I. DECEASED NAME 2a. DATE MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-Derrick Johnson 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE (AST BIRTHDAY) black PRONOUNCED male 2:45 34 YRS 1952 70 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN CAMPATICA B/W/I WIDOWED DIVORCED Baltimore City D. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 3503 Woodland Avenue Baltimore Unemployed USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21215 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE 113h COUNTY 13c. CITY OR TOWN Beehler Avenue Baltimore 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Gienville Johnson Panchita Mowatt 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS No 215-70-7188 Panchita Mowatt 3724 Beehler Avenue 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Gunshot wound of head IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ARITING THE CHEF MA ARDED TO THE CHEF MA AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA ATE DEPARTMENT OF HEA 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR KM MONTH DAY YEAR UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 19 1986 Found shot 21e PLACE OF INJURY (ATHOME 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR, PAGE 31 AFTER DEATH, WITH THE STATE DE BALLWORE, MARYLAND, 21201 P NOT WHILE AT WORK 3503 Woodland Avenue, Balto. City, MD. house AT WORK Autopsy X ins described obove, held on Inspection Hamicide X death Undetermined manner TITLE (SPECIFY) Chief 7/20/86 SIGNATURE MEDICAL EXAMINER John E. Smialek, M.D. 111 Penn St. Balto.MD. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Burial 7/26/86 Woodlawn Cemetery Co Md 07/84 Balto 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE March Funeral Home West 4300 Wabash Avenue **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND





FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

						REG. INC	1.				
1 DECEASED NAME FIRST		MIDDLE		LAST	17	20 DATE OF DEATH	HTMON	DAY	YEAR	26 HOU	R
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VIRGINIA	U.	S. A.	WIDOW			BALTIMORE	CITY				MD.
10 CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTI	ON	120 USUAL OCCUPATIO)N WORKING I	JEEL IND	KEAS	TERN	SS OR
BALTIMORE				DR. APT.	708						
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MARYLAND		BALTIMOR		YES NO		LAKE DR. AL	PT. 7	708	2	1217	
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	(c)_	ONTRIBUTING TO		NOT RELATED TO T	HE TERMI	nal disease or cone	NTION GI	IVEN IN	PART 1cc	3	
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224 PHYSICAN'S NAME ITH	CRPRINT)			22e ADDRESS							
DR. BARRY GO	LD			6804 PAR	K HEI	IGHTS AVENU	2		Ti.	1	
230 BURIAL, CREMATION, REMOVA	L 23b. DATE	23c N	NAME OF	EMETERY OR CREM	ATORY		1 1-1	150111	***		LATE
BURIAL	7/29/	'86 Md.	NAT	IONAL MEM	PK.	LAUREL.		COUN	MA	RYL	ND

DHMH - 16 60M 7/84

(VRA 15, 4)

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²⁴ FNUTTER OF SONS FUNERAL HOME, DINC. 2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

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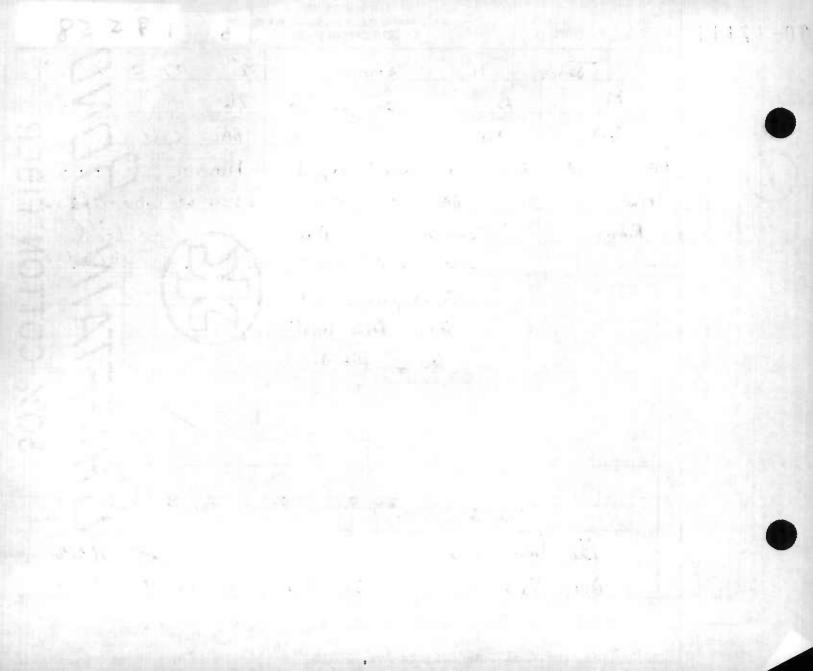
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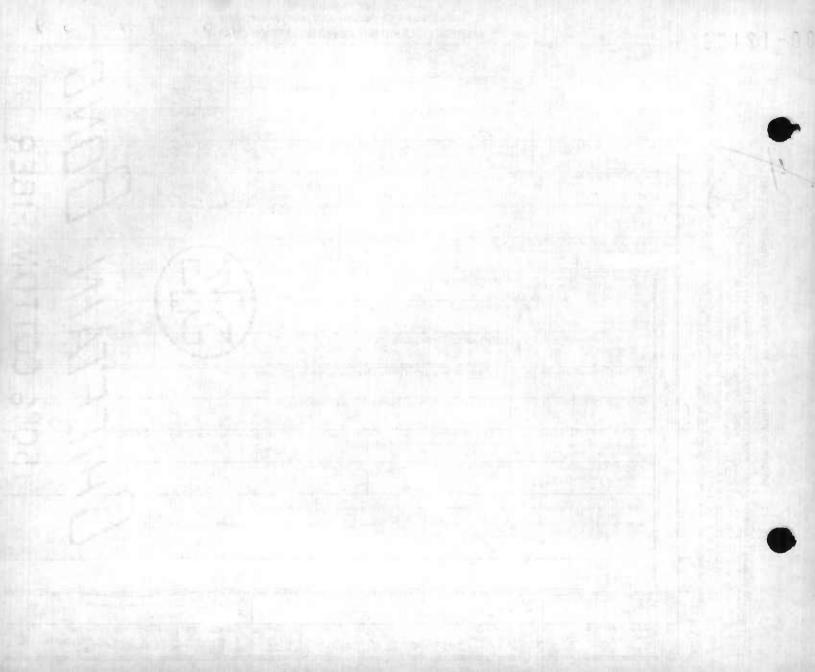
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by the fi	B	ALT CITY	University of	Marland Horn	(TYPE OF WORK FO	CCUPATION OR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY A.M.E.
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E, MARY complete		Rebert VAS DECEASED EVER IN U.S. AR	MIDDLE J-hn	12.0	FIRST .	ADDRESS	Leers
be exercion one	- ((E WAR OR DATES)	07-2565 Myrtle		W. Baltin	nore Ht. 21223
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY ING PHYSICIAN: The low requires that the death certificate be executed with the death certificate by sician. When this certificate has been signed by the attending physician and complete as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 than and Mental Hygiene prior to burial, cremation, or removal. orked or them 18 shows any injury, or other troumatic event, the medical examinations.		Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	ISEQUENCE OF DILL	ועזיין	DR CONDITION GIVER	N IN PART 110
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Law Funeral Home 4611 Park Heights Ave. 21215

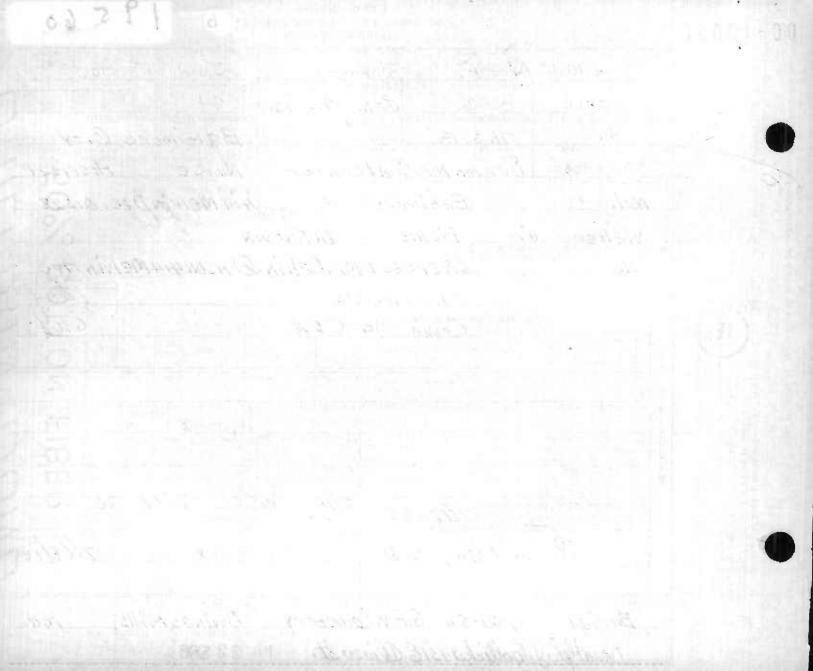
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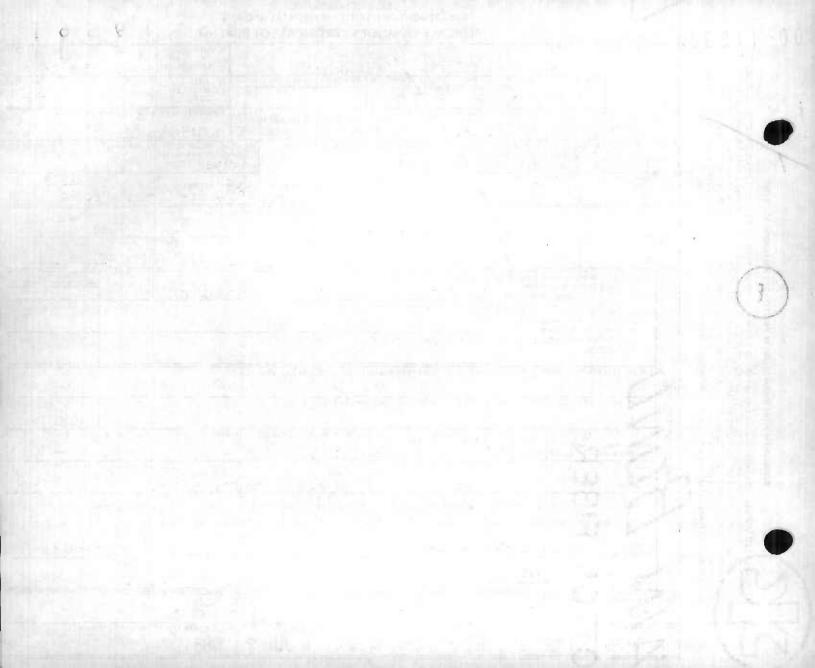
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CIAN: The physicion of	OR COM	TRIBUTING CAUSE OF DEATHER NOTIFY MEDICAL EXAMINER			21c. HOW INJURY OCCU	RRED (ENTER NATURE OF II	NJURY IN ITEM IB PART	I OR PART 2)
3 PHYSI rending er this ce the buri ond Me	21d INJ	URY OCCURRED	210. PLACE OF INJUR	RY	211 LOCATION STREET	CITY OF	TOWN	COUNTY STATE
ENDING ol or o OR: Afte r use as Health is mork		rtify that (1) This hospit	~ / /	7 0/	7/15 19 80		1/17.19	thorn (we) lost
hospit hospit ined for lept. of them 23	obe	ove, (H-(we) (did) (did not	view the body after ded	th.	nd that in (my) (our) opinion DEGREE	death occurred on the	date and hour a	120. DATE SIGNED
HOSPITAL O	22d. PH1	SICIAN'S NAME (TYPE OF	Slader,	MD	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL PHY	TAFF SICIAN [7/(8/86
A Shoot								
BP	230. BURIAL, C	REMATION, REMOVAL	7-21-86	G.F. V.	EMETERY OR CREMATORY EMCLEY	23d LOCATION CITY OF TOWN	- AA - 4/-	STATE AND
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FUNERAL	Roy Alak O	Enlist que	ADDRESS M		TE REC'D. BY REGISTR.	AR 25b. REGISTRA	R'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR L DECEASED NAME 20. DATE KNOWN AMONTH 2b HOUR (TYPE OR PRINT) OF ESTI-Robert DeCaris 86 Johnson 19 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 2c. DATE MONTH LAST SIRTHDAY) PRONOUNCED :56P Male Black 4 24 56 DEAD 0 To BIRTHPLACE (STATEOR 76 CITIZEN OF WHAT COUNT 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland WIDOWED DIVORCED Baltimore City II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS 2, AND 3 TO THE 13. RETAIN PAGE 2 SHOULD BE FIELD TALK RECORE FOR MOST OF WORKING LIFE) Baltimore 867 W. Fayette Street Driver JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21223 13c CITY OR TOWN 30. STATE 113b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 205 Amity Street APt. 14 Maryland Baltimore NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Alice FIRST Elmer Johnson, Jr. G. Lee MAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) Dennis Johnson 205 Amity St. APt. 14 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: USED AS A BURIAL TRANSITIERMI OF HEALTH AND MENTAL HYGIENE, IRIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a) Gunshot wound of head (handgun) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES X NO 🗌 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR MONTH DAY YEAR UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH 9:46 M. 19 86 Self inflicted 211 LOCATION 21e PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE NOT WHILE 867 W. Fayette St. home Balto MD. Autopsy X 220 I certify that I took charge of the remains described above, held an Inspection Inquiry Suicide X Natural causes Accident Homicide ... Undetermined manner TITLE (SPECIFY) DATE SIGNED 7/2/86 M.D. Assistant MEDICAL EXAMINER William M. Zane, M.D. 111 Penn St. Balto.MD. 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Lansdowne, COUNTY BURIAL 7/5/86 Mount Zion Cemetery Md. BP. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Line Trendom- wind **DHMH - 17** MArch Funeral Homes 1101 East North Avenue (VR A15 ME (5)) 20M 4/82



(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

- STATE REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH MONTH DAY 26 HOUR (TYPE OR PRINT) 595 6 AGE (IN YEARS LAST BIRTHDAY) 1. SEX 4 RACE **BALTIMORE CITY OR COUNTY OF DEATH** I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED DIVORCED WIDOWED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY WOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUT 130 STATE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic PART I. DEATH WAS CAUSED BY: 14000011 IMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION

190 DATE OF OPERATION

OR CONTRIBUTING CHUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

71d INJURY OCCURRED

210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY

HOUR A.M.

P.M.

THE PLACE OF INTURY

MONTH DAY YEAR 19

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION STREET

nu and that

DEGREE

200

CITY OR TOWN COUNTY

(my) (our) opinion death accurred on the date and hour and from the causes stated

YES [

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

NOF

220.1 certify that (1) his hospital) altended the deceased from above, (1) wer (did) (did not) view the body after death 226. SIGNAT

WHILE AL WORK

(AT HOME STREET FACTORY OFFICE FARM, ETC.)

22e ADDRESS

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

20a AUTOPSY?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

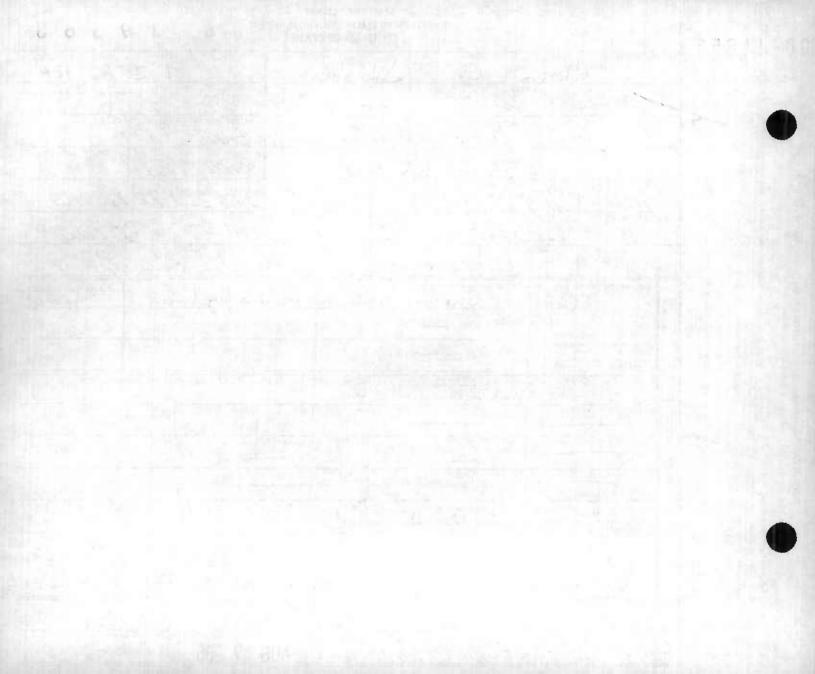
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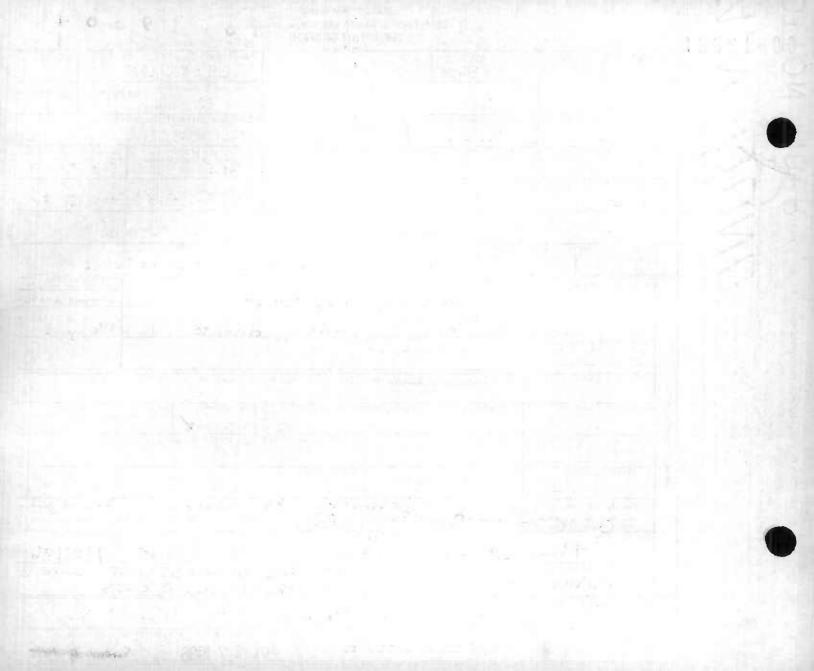
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20

22d PHYSICIAN'S NAME (TYPE OR

230 BURIAL, CREMATION, REMOVAL 23by DATE 23c NAME OF CEMETERY OR CREMATORY





STATE OF MARYLAND

22e -ADDRESS

23c NAME OF CEMETERY OR CREMATORY

King

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm. C'AME March F/H Inc. 1101 E. ADNorth Avenue

7/29/86

Tzong-yueh, Hwang, M.D.

23b. DATE

23a BURIAL, CREMATION, REMOVAL

Burial

Maryland Lansdowne 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE rina Daydon Dondolle

c/o Maryland General Hospital

23d LOCATION

26 HOUR

12b KIND OF BUSINESS OR

Brown

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

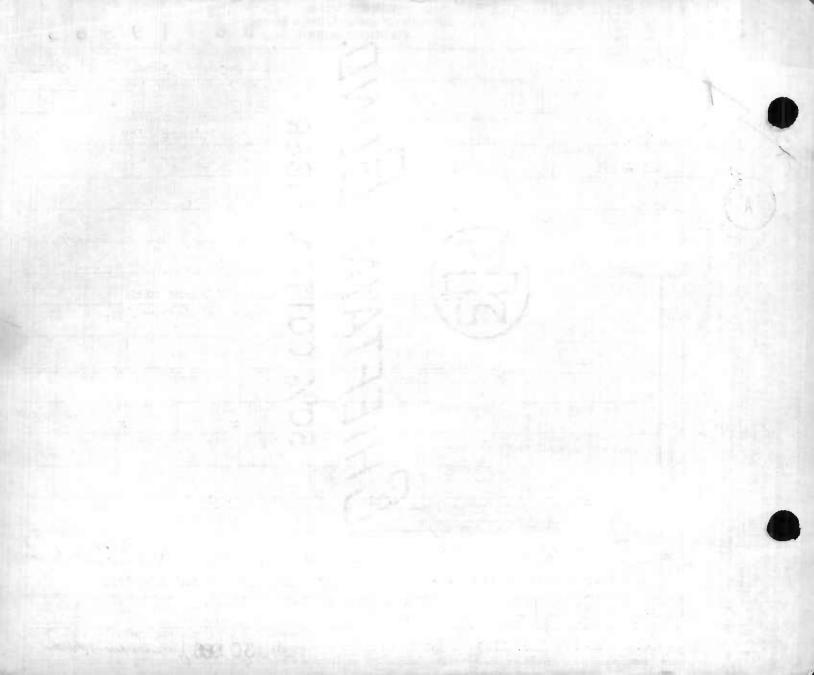
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27c DATE SIGNED

IF UNDER 1 YEAR

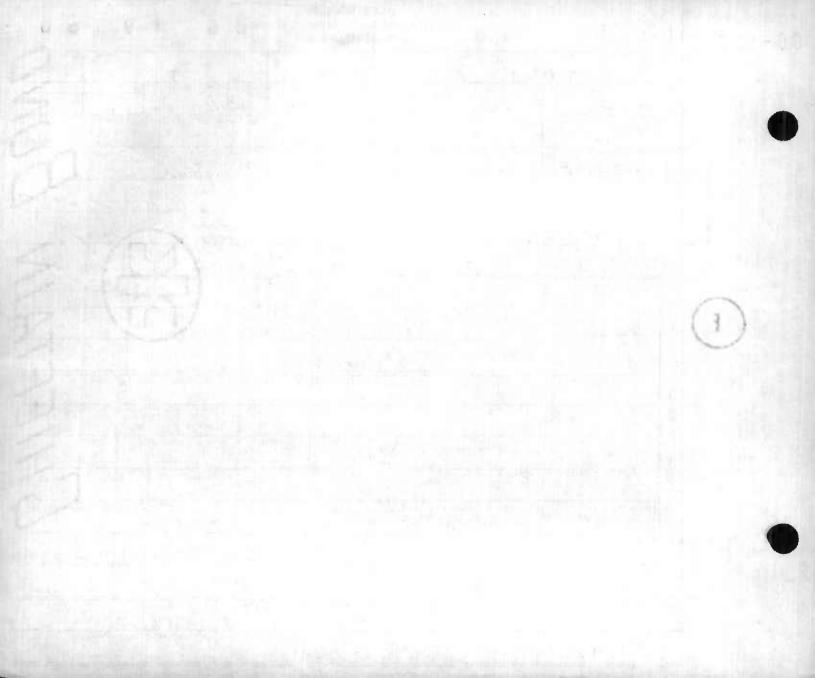
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IF UNDER 24 HRS

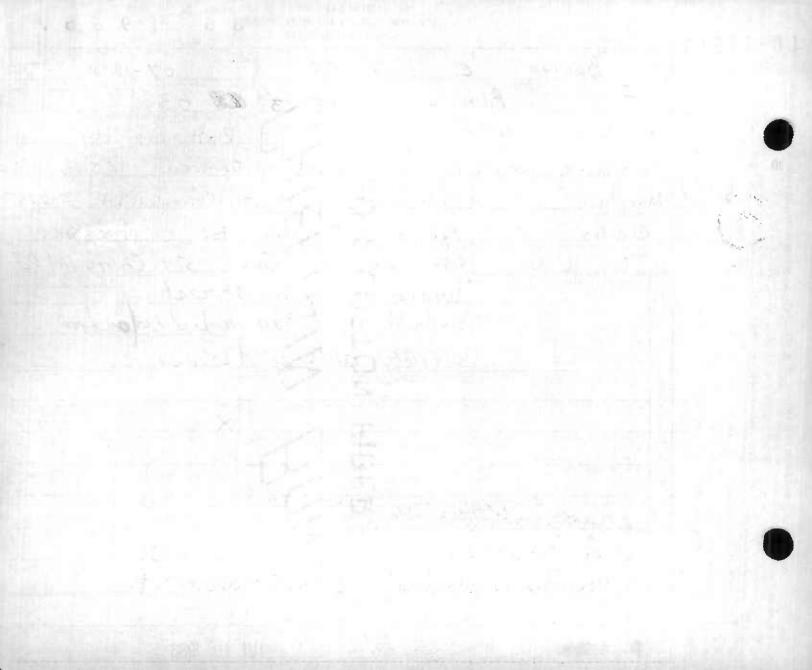


					STATE OF MARYLAND				
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11 37		BALTIMORE	(IF NOT IN SU	OVIDEN	T ADDRESSI	Unemolos	OF WORSHIS LIFE	INDUSTRY	
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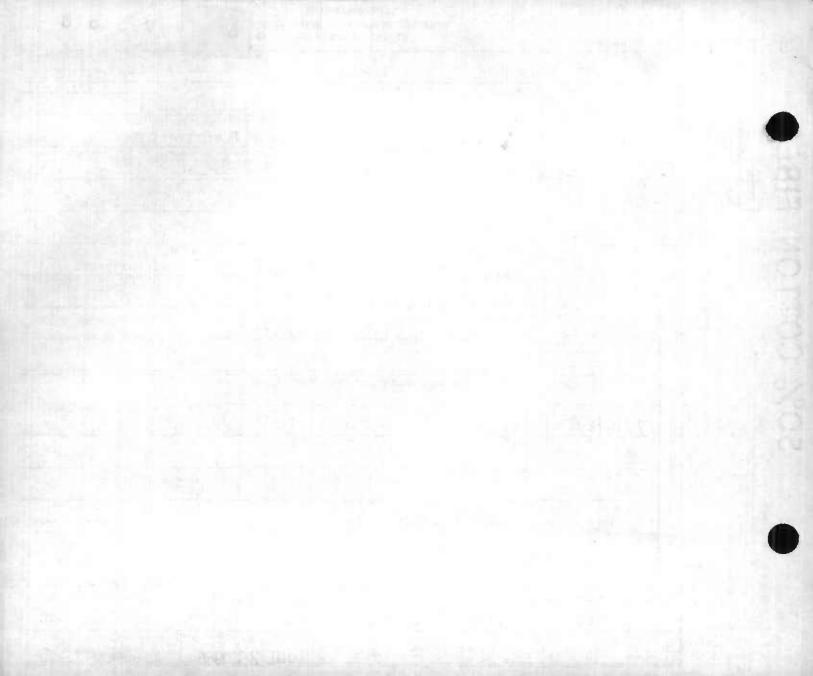
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moy b poge er dear	3. SEX		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	IF UNDER TYEAR OF UNDER 24 HRS
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d the b	10. CIT	Y OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
5/P \$ 71 1/2	B	altimore	South But	more General Hos	Retired	PRKING LIFE INDUSTRY F.S Key Had lon
40 21.	13a S				13e.STREET ADDRESS / ZII	CODE Rd. 2/225
3 1 -		THER'S NAME	, isali	15 MOTHER'S MAIDEN N		ALL KOL STARS
MARYLAND ed within 24 mpletel ond 2 excmine ma		FIRST	IDOLE LAST	FIRST	MIDDLE	Hawkins
	16n W	AS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIALSE	QURITY NO. 17 INFORMANT	ADDRESS	- HOW NINS
BALTIMORE, one be execu- one be execu- oners. Pages vol.			WAR OR DATES) 215-24	1-8845 John P. Jo	785 509	Charry Hill Rel
ALTI.		18 CAUSE OF DEATH (Enter only	one cause per line for (a) (b)		100	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T.,		PART I. DEATH WAS CAUSED	BY:	copulmonary	arrest	act week onset and death.
DN S h cer h cer acroe arre			DUE TO, OR ASA CONSEC	DUENCHOF OF T	10	
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W, PRESTON on the death or the death or the death or stay from the carbon or the frounds of the troumante		gave rise to imprediate cause (a), stating the	DUE TO, ORIAS, A CONSEC	DUENCE OF		
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	z	PART 2. OTHER SIGNIFICANT CO	Onditions <u>Contributing T</u>	O DEATH OUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 11a
been significant Thermal	ATIO	19a DATE OF OPERATION	119h CONDITION FOR WHILE	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20	b. IF YES, WERE FINDINGS USED
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir or otherding physicion. When this certificate has been sign ors the burnol-transit permit. Then th and Mental Hygiene prior to b orked ar them 18 shows any injur	CERTIFICATION	THE OF GLERNING	772. CG7.071.077.07	en of Environ who ten onned		CERTIFYING CAUSES OF DEATH?
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OR A OR A DIRECTOR A DEPT.		778 SIGNATUR		DEGREE	EDIG CTAFF	22c. DATE SIGNED
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5 5 7 8 8	23a B	URIAL, CREMATION, REMOVAL	The state of the s	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
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DHMH - 16 60M 7/84	24. FU	NERAL DIRECTOR	AODRES		TE REC'D. BY REGISTRAR 256.	
(VRA 15, 4)		Wm C March F/1	4300 Wabas	sh Avenue	JUL 1 6 1986	funa daydon Handelle



00-12979		FOR STATE REGISTRAR		DEPARTN	CERTIFIC		EATH	S O REG	1 9 NO.	5 6	8
		CEASED NAME FIRST	MIDDLE		LAST			20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
may be page 3 er death		CATHE			JON					16 86	10-201 M
A mo	3. SE		4 RACE		S. DATE OF B	200		AGE (IN YEARS LAS	(BIRTHDAY)	MONTHS DAYS	HOURS MIN.
oge .	K_	Female	Black		10	16	ŏã	82	YRS		
2 of 2 of 4		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA		MARRIED C	NEVER M	ARRIED 🕇	BALTIMORE CIT			
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4 6921		Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A	A CONSEQUE	NCE OF UCTIV		ARY	ARREST.		BETWEEN C	MATE INTERVAL NSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON STING PHYSICIAN. The law requires that the death certical physician. Where this certificate has been signed by the attending os the burial-transit permit. Then please remove corton th and Mental Hygiene prior to burial, cremation, or the norked or them 18 shows any injury, or ather traumatic.	CERTIFICATION	PART 2 OTHER SIGNIFICANT 199 DATE OF OPERATION 7/16/86	CONDITIONS CONTR	FOR WHICH	OPERATION V	VAS PERFOR	RMED	NAL DISEASE OR C	20b. IF Y	ES, WERE FINDIN	GS USED
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R ATTENDIN hospital or entremotive after the for use or per of Health tem 21 is more than 21 i		22a I certify that (I) (this hosp saw the deceased alive or abave, (W(we) (did) (did no		/ ^	, and 1	hat in (my) (, 19 <u>86</u> our) opinion di	, to	(In e date and h		hot (I) (we) last
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BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	7/19/86		unt Zi		metery	Lansdow		COUNTY	Mg .
DHMH - 16 60M 7/84 (VRA 15 4)		JNERAL DIRECTOR Larch funeral H	omes 1101	E North	Avenu	e		REC'D. BY REGISTR		STRAR'S SIGNATU	



00-13	366	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND ICATE OF	MENTAL HYG	SIENE	Res N	86	195	569
			CEASED NAME	FIRST		MIDDLE		AS1		20 DATE O	FDEATH	MONTH D	AY YEAR	26 HOUR
of he	de contra de con	3. SE	C	HARI	IRACE	C.	S. DATE (IONES		JUIS	YEARS LAST BIR	1986	Q Ng	E UNDER 24 HRS
6	1	/	Male		Blac	ck	MONTE 5		YEAR 50	36	TEARS EAST BIR			HOURS MIN.
	248		RTHPLACE (STATE OR FOI			WHAT COUNT	RY? 8. MARRIE	D NEVER	MARRIED -	9 BALTIMO	ORE CITY O	R COUNTY	OF DEATH	
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2 G)	79	13a S	AL RESIDENCE (IF NURSING TATE	G HOME OR O 36 COUNT Fran	THER INSTITUTION	13c. CITY OR TO Chamber	OWN	13d. INSIDE O		13 STREET W	ADDRESS	ZIP CODE herine	Street	1999
	100	13.67	ATHER'S NAME				- DULL B		S MAIDEN NA	ME				
MAR S	12/1/20	13	Charles	M	W.	Jone	es	3	Jennie		MIDDLE		Smit	h
IMORE,	13				WAR OR DATES)	166 SOCIAL SI 205-38-		17 INFORMA	ant Olyn Jor	nes C	14 We	st Cat	herine , PA 17	
T. BALT			18 CAUSE OF DEATH PART I. DEATH WA	SCAUSED	ane cause pe BY: CAUSE (a)	Carrie for (a) (b)	and (ch.)	PIARE		N. I			BETWEEN OF	AATE INTERVAL NSET AND DEATH
ESTON S	To T	1	Canditians, if any,	which		OR AS A CONSE		ral 1	ailure	1			YE	
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RDS, 20	1	NO O	PART 2 OTHER SIGNII	FICANT CO	Hadal	UND OU	DEATH BUT	NOT RELATED	D TO THE TERM	MAL DISEAS	SE OR CON	DITION GIVE	N IN PART Ita	
N. RECO		CERTIFICATION	5/28/86	NC		wic Alm			DRMED	20e AUT	OPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES O	GS USED OF DEATH?
OF VIT	1899	100	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICA	USE OF DEATI	HOUR A	M. MONTH	DAY YEAR	21c HOW IN	NJURY OCCUR	RED (ENIERN	ATURE OF INJUI	RY IN ITEM 18 PAI	RT 1 OR PART 2}	
WISION G PHYS	Med or	MEDICAL	21d INJURY OCCURRE	D		OF INJURY		211 LOCATH			CITY OR TO	wn	COUNTY	STATE
- DO 100	for title of Medits		27s.1 certify that (I) it saw the deceased above (I) (we) falls	plive on_	JOLY	26	777-1	28 nd that in (my)	19 <u>86</u>) (aur) apinian	, to	ulu a.	ate and hour	-	hat (I) (we) last auses stated
A SECTION OF SECTION O	etoched de Dept.		274 SIGNATURE	Mo	need	m		DEGREE	ATTENDING PHYSICIAN	MEDICAL	STAF	FF IAN S	220. DATES 7/21	IGNED 186
THOSPIT OF THE BY	GORTAN		224 PHYSICIANS NAM	E THE OW	TONE	SYHU	N	22e ADDRES	S THE J		HOPK	INS H	OSPIT,	AL 1205
799BP	99		BURIAL, CREMATION, RE SPECIFY) Buria		7/25/	1000	3c. NAME OF C	EMETERY OR	CREMATORY	23d LOC			ranklir	
	16 60M 7/84 A IS, 4)	24 FU	INERAL DIRECTOR	Fen	il	ADDRES	150 5	Secon	C/S/ 250. DAT	25 19	SEGISTRAR	25b. REGISTR	AR'S SIGNIATU	RE

P) TPI JR

0-12607	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE REG. N	86	1951	70
		CEASED NAME FIRST	MIC	DDLE	ι	AST	20. DATE OF DEATH	MONTH DAY	YEAR 25 H	OUR
1 500	(1117)	Cora	L	ee	Jones		July 12	2, 1986		М
atter po	3. SE	x Female	4. RACE Bla	ck	5. DATE C		6. AGE (IN YEARS LAST BI	MONT	DER I YEAR IF UN	RS MIN.
- 2 50 FT	7o. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W		8		9. BALTIMORE CITY C	YRS. DR COUNTY OF	DEATH	
1 1 3//		rth Carolina	U.S.A.		MARRIE	D NEVER MARRIED DIVORCED	BALTIMORE			440
10		TY OR TOWN OF DEATH BALTIMORE	11. NAME OF HO	OSPITAL, NURSIN FACILITY, GIVE STREET	G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST (Custodia)	TON I	26 KIND OF BUS NOUSTRY School	INESS OR
AND \$12	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL		NE RESIDENCE BFFORE 36 CITY OR TOW Baltimo	N	134 INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS 2217 Kir	zip code k Avenu	e 2121	8
	H. FA	ATHER'S NAMEFIRST	MIDDLE	_ LAST		15 MOTHER'S MAIDEN NA	WE		LAST	
# 1 101C		John	Ε.	Jones		Mollie			lliams	
IMORE.		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GF UNKNOWN	RMED FORCES? VE WAR OR DATES)	66 SOCIAL SECU 217-50-		Charles Wes	aley Gaines		lvieu A	venue
PRDS, 201 W. PRES requires that the de- response remove in bland, cremotion injury, or other trops injury, or other trops	NOI	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(c)	AS A CONSEQUE		NOT RELATED TO THE TERM	AIN AL DISEASE OR COM	IDITION GIVEN I	N PART Ita	
At RECC	CERTIFICAT	THE DATE OF OPERATION	IN CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	ERE FINDINGS L G CAUSES OF D NO	JSED EATH?
IOF VIT		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M		YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	URY IN ITEM IS PART 1	OR PART 2)	
IVISION attender the this tond M.	MEDICAL	#1d. INJURY OCCURRED MOT WHILE AT WORK	21e PLACE OF	F INJURY T, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
TTENDS TOB. A TOB. A To use of Health	1	220.1 certify that (I) (this hasp sow the deceased alive or abave, (I) (world) (did no	7/8	19_	86_, ar	ad that in (my) (aur) apinian	death occurred on the d	, 19_	that (It (we) last s stated
TALOR A The hose detached detached date Dept		276 SIGNATURA	u Age	w		M.D. ATTENDING	MEDICAL STA	IFF CIAN []	7/15/8	
O FUNE TO FUNE		Elijah Sauno		D.		2Hamill Rd	. Ste 401	Balto	., Md.	21210
BP		BURIAL, CREMATION, REMOVAL	7/17/			Memorial Par			Md.	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director arche Funeral Ho	mes 1101	EastNo	rth A		L 16 1986	25b. REGISTRAR	SSIGNATURE	مالازي

012210 THE PROPERTY OF THE PROPERTY OF THE PARTY OF

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

86 19571

γI		REGISTRAN						REGIT	40.	
1		CEASED NAME	FIRST	A	AIDDLE		LAST	20 DATE OF DEATH		EAR 2b. HOUR
			JAME	S		J	ONES	JULX 29	1986	5:27PA
1	3. SEX			RACE		5. DATE (6. AGE JIN YEARS I B		
1		Male		White	2	MONTH	26 33	53	YRS.	DAYS HOURS MIN.
.1	7a BI	RTHPLACE STATE OR FOR	REIGN 7		WHAT COUNTRY?	8.		9 BALTIMORE CITY	OR COUNTY OF DEAT	TH
Я		COUNTRY)					D NEVER MARRIED		The state of the s	
4	10 CI	Alabama	Н	U.		WIDOWE	DR OTHER INSTITUTION	120 USUAL OCCUPA	to. City	MD ND OF BUSINESS OR
4	5		5	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		TYPE OF WORK FOR MOST		
4	146117	Balto. AL RESIDENCE HE NURSHM	G HOME OR		rch Hosp					
4			3b. COUN		13c. CITY OR TOW		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS		
4	1	Md.			Balto		YES NO		Balto. St	21224
4	14. FA	ATHER'S NAME	W	NODLE	LAST		15 MOTHER'S MAIDEN N.	AME		LAST
1	_ H	louston			Jones	S	Ruby			
1		VAS DECEASED EVER IN		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	227 ADDR	RESS W. 7th	ı St.
		NO NO	IN TES, GIVE	TAK OR DATES	259-44	-6074	Mrs. Kat	hy Sipe	Peru, I	Indiana
1		18 CAUSE OF DEATH	(Enter only	v one couse ner	line for (a) (b) and	dicil	1			PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ı		PART I. DEATH WAS	SCAUSED	BY:					DET	WEEN ONSET AND DEATH
1		IA	MEDIATE	CAUSE (a)_C	ARDIOPU	LMON	ARY ARREST			
1		The second		DUE TO, OI	R AS A CONSEQUE	NCE OF				
1		Canditions, if any,		((b) N	ASSIVE.	TNTR	ACRANTAL H	EMMORRHAGI	0	1760
1		gave rise to imme cause (a), stating		DUETO	R AS A CONSEQUE	NCFOF				
1			lost.	1			TITAD ACCED	marin.		
1		DART O OTHER SIGNIE	CICANIT C				ULAR_ACCID			
1	Z	PART 2. OTHER SIGNIF	FICANI CI	UNDITIONS <u>CC</u>	DNIKIBUTING TO L	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN IN PA	RI IIo
Н	CERTIFICATION	190 DATE OF OPERATION	ON	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
4	FIC	DATE OF OTERMINA		170 COND	TIOTY OK TITLET	OI EKATIO	THE TENTONNED		IN CERTIFYING CA	USES OF DEATH?
4	E.							YES NO	YES 🗌	NO 🗌
d	10000	210. ACCIDENT WAS UNDER		216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN)	URY IN ITEM 18 PART 1 OR PA	RT 2)
7	MEDICAL	(IF EITHER NOTIFY MEDICAL		P./		19				
1	EDI	21d INJURY OCCURRE	D	21e. PLACE		aral's	211 LOCATION	CITY OR T	OWN COUN	ITY STATE
1	2	WHILE NOT WHILE		(AI HOME, SIR	EET, FACTORY, OFFICE, F	ARM, ETC)	SINEE	CITTORT	OWIT	SIAIE
1	5.3	220.1 certify that (I) (Y		ol) ottended the	deceased from	IIII.Y	21. 286	to JULY	29 10 8	6 that (I) (we) last
	0	saw the decased above, (Fixe) this						n death accurred on the o		1 11101 (11 (10)10)
1	1	22b, SKSNATURE	(did not	New the bady	after death.	00	DEGREE			
1		20. SISHRIGHT	0	11	/		ATTENDING	MEDICAL STA		DATE SIGNED
1		yean	1000	render	n west		PHYSICIAN	DIRECTOR PHYS		Paris 10
1		224 PHYSICIAN'S NAM	TYPE OR	PRINT)			22e ADDRESS CHIIR	CH HOSPITZ	AL CORPOR	RATION
		ALAN RO	SEME	T.OOM N	N'D			OADWAY BA		
1		BURIAL, CREMATION, RE		23b. DATE		NAME OF C	EMETERY OR CREMATORY		T PROPERTY.	214
		Remova	_	7-30-				CITY OR TOWN	COUNTY	STATE
	24. FL	JNERAL DIRECTOR					25m a Da 4	AE REC'DEBY BY RAI	R 2 b REGISTRAR'S SIC	GNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Anatomy Board

Balto., Md.

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BYPOOFFRAR WE REGISTRANS SIGNATURE

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FOR STATE

STATE OF MARYLAND

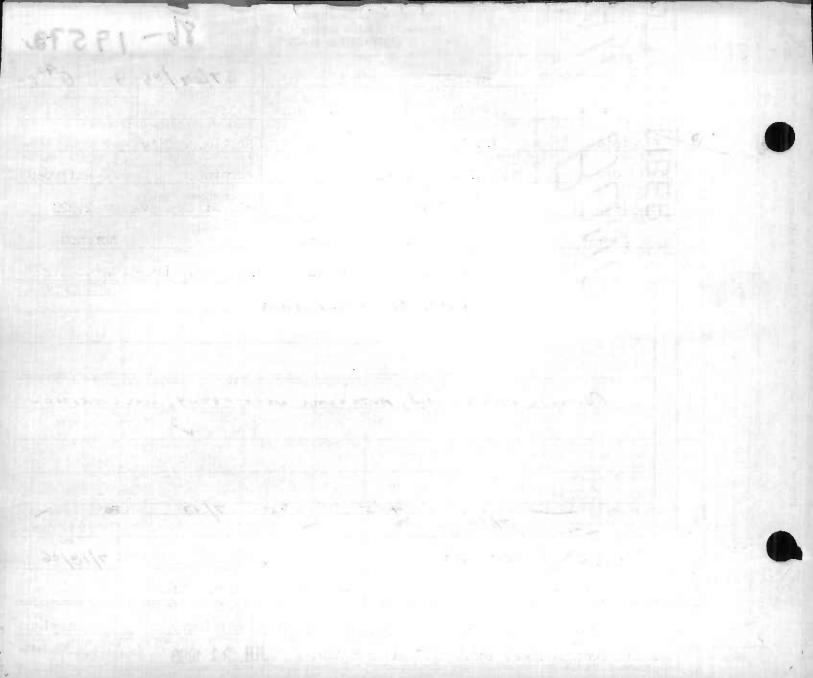
86 19572

1		REGISTRAR				CERTII	ICAIL OF D	EAIN		REG NO).		10	. !	-,
1		CEASED NAME	FIRST	A Ł	raham	- (AST		2a DATE	OF DEATH	MONTH	OAY YE	AR	25 HOU	IR
1	(1176)		AMES		BERT	JU	ONES		8	76/7	18K	9	40	139	M
1	3. SEX			I. RACE		5. DATE C			6. AGE	IN YEARS LAST BIRT	HOAY)	IF UNDER I	YEAR	IF UNDER	24 HRS
4	10	MALE		WH	ITE	12		01	8	4	YRS.	MONTHS	DAYS	HOURS	MIN.
1	7u. 816	RTHUM CE (STATE OR FO	REIGN	L CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER M	AAPPIED T	9 BALTI	MORE CITY OF	COUNTY	OF DEAT	Н		
1		'irginia	100	U.S	.A.	WIDOWE	_	ORCED	Bal	timore	City				MD.
	10. CI	TY OR TOWN OF DEAT	TH .	11. NAME OF H	OSPITAL, NURSIN	G HOME	OR OTHER INST	ITUTION		AL OCCUPATION			ND OF	BUSINE	ESS OR
4	Ba	ltimore			ilkens Av					hinist	WORKING LIF			ilro	pad
	USUA 13e S	AL RESIDENCE (IF NURSIN	IS COUN	THER INSTITUTION,		ADMISSION)	1 13d. INSIDE CI	TVIIIIITES			ZID CODI				
2	M	aryland	130 COOI4		Baltimo		YES 🔀	NO 🗌	2627	T ADDRESS / Wilken			21	223	
1	M FA	THER'S NAME		NDDLE	LAST			MAIDEN NAA	WE	WIDGIE			LAST		
1		James			Jone	es	Ca:	rrie				Ab	rah	ms	
/		VAS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	NT		ADDRE	SS				
1		NO			705-07-9	247	Willie	e S. Jo	nes	2627 W	lilker			212	
		18 CAUSE OF DEATH PART I. DEATH WA	(Enter only	y one couse per	line for (a), (b), and	Ich						BET	PPROXIA WEEN O	MATE INTE	RVAL DEATH
۱				CAUSE (o)	CARPI	10	ARRHY-	THMIA				11/1/1/			
1	- 1			DUE TO, OF	R'AS A CONSEQUE	NCE OF	- 11					- 35			
	134	Conditions, if ony.		(b)			, r								
1		gave rise to imme cause (a), stating	the	DUE TO, OF	R AS A CONSEQUE	NCE OF	kg)								
		underlying couse	last.	((c)		115									
		PART 2 OTHER SIGNI	IFIC ANT CO	ONDITIONS <u>CC</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISE	ASE OR COND	ITION GIV	VEN IN PA	RT I to		
	ō	Post	TUKAL	HYPO	TENSIUN	, AU	TONOM	IC NE	UNOF	ATHY	MA	LNU	TRI	TIC	M
1	CERTIFICATION	190 DATE OF OPERATE	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20e Al	UTOPSY?	20b. IF YES	S, WERE FI	INDIN	GS USE	D
	E		_000	1 7 7 6					YES	NO		ES 🗌	0363	NO [
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۱		saw the deceased above. (1) (c)	d alive an_	view the body	ofter death.	26_, or	nd that in (my)?	opinion d	leoth occu	rred on the do	te and hou	ir and from	n the c	auses sta	oted
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		Dr. Walt	ter J	. Alt			301 N	Marydel	l Roa	ad, 212	29				
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	_	INERAL DIRECTOR			ADDRESS	21	229		REC'D. B	Y REGISTRAR 2	Sb. REGIST	RAR'S SIC	MATU	JRE	2.00.
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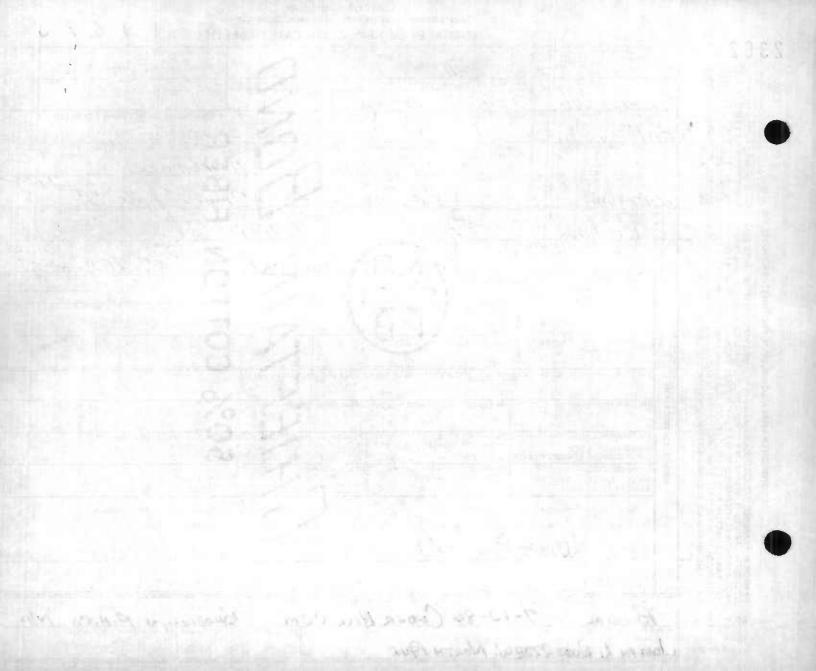
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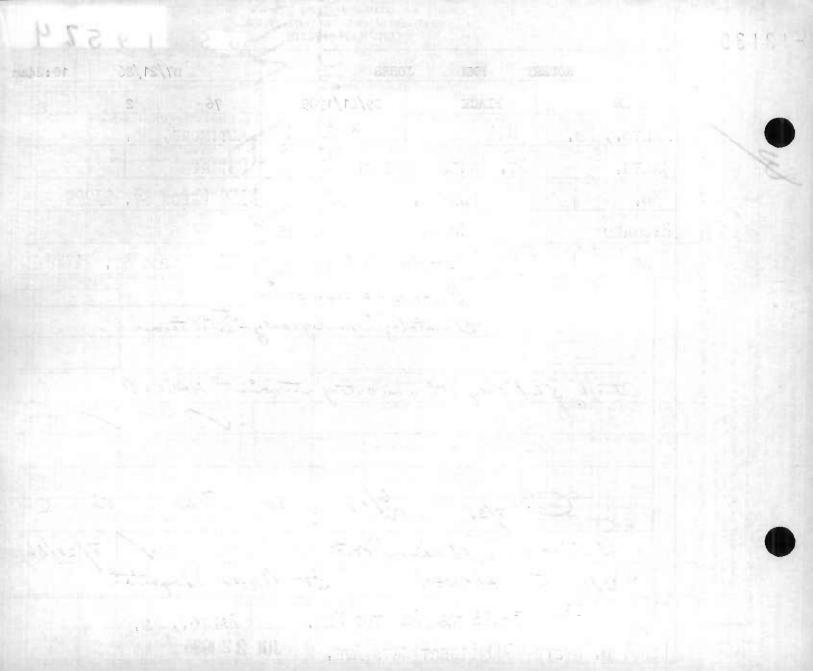
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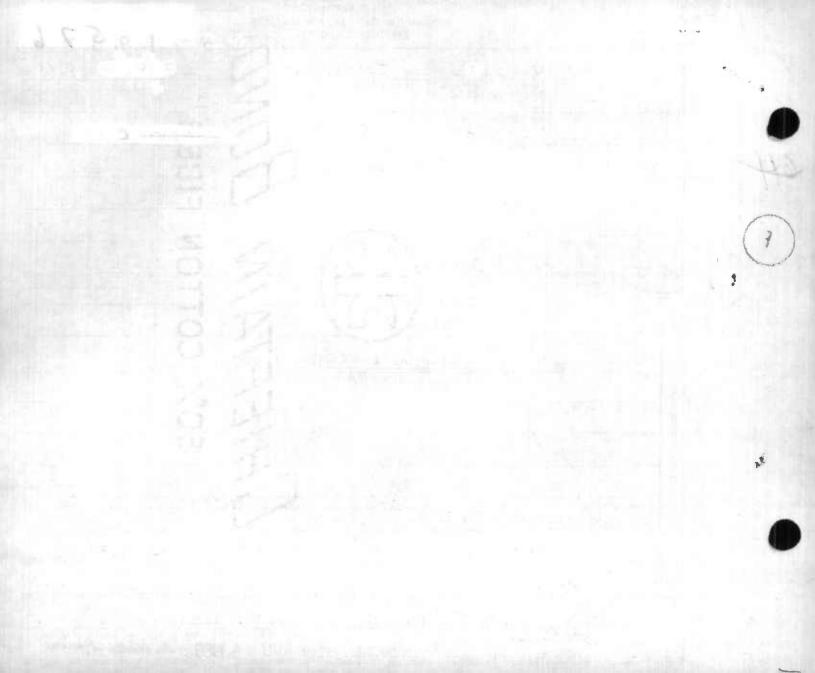
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BALTIMOR	VE PACE NO GES N	16a. V (Y	VAS DECEASED EVER IN U.S. ARM ES, NO. OR UNKNOWN) (IF YES, GIVE V	NED FORCES? VAR OR DATES)	166 SOCIAL SECUR	17 NO. 17.1	INFORMANT -	Phanton	ADDRESS	ENL	2/202
	DURS A 18. GIT NIT. PA NIT. PA E, DIVIE		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	y one couse per line	for (o), (b), and (c).)	6/ //	Bilibula	MEUDO	10m //d	APPRO	DXIMATE INTERVAL N ONSET AND DEATH
ONS	24 HC ITEM ITEM CIEN OVAL			E CAUSE (o) M	ultiple st		ds				
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	MANNE PEROPE THAN YEAN			ol couses ,		Suicide .	Homicide X.	Undetermined m			
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		23a.B	URIAL, CREMATION, REMOVAL 23	7-12-8	23¢ NAME OF C	EMETERY OR CR	REMATORY	23d. LOCATION	Š	OUNTY	STATE
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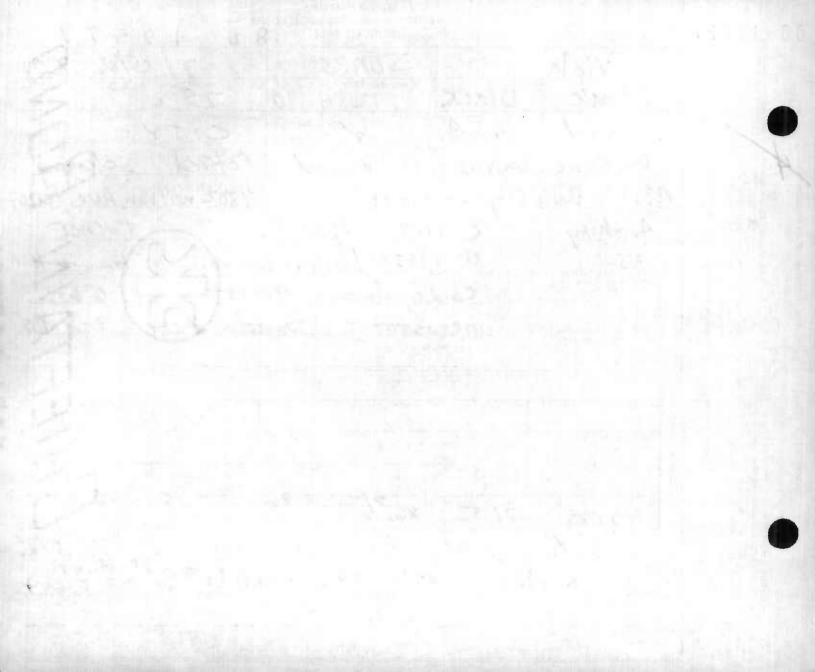


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3	B	ALTO.	ST. AGI	VES HOS	PITAL	other institution	RETTRED		OF BUSINESS OR
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maxtured within and 2 stored examiner		ATHER'S NAME I CHARD	MIDDLE	Jones	1	CARRIE	WIDDLE		AST
rate be executed by sicion and copers. Page 11 wol.	160	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G		5001AL SECUR 216-07-		ALICE JONI	ES 3150 LE		1229
the second		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane cause per line ED BY: (TE CAUSE (a)	e lorgo), (b), and	Lop	reumonio		APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
DS, 201 W. PRESTON SI quires that the death cert signed by the attending I hen please remove corbor to burial, cremation, or ret ijury, or other traumotic ev	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(c)	S A CONSEQUE	NCE OF	maligione OT RELATED TO THE TERM Lang plane	9	DITION GIVEN IN PART	110
he law re- on. T permit. I ene prior	CERTIFICATION	190. DATE OF OPERATION	- 4			WAS PERFORMED	YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR	HOUR A.M.	NJURY MONTH DA	Y YEAR	RIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM IB PART 1 OR PART 2)	
NG PHYSICIA Outending pl After this certif to she burielt th and Mental orked or item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET.	INJURY FACTORY, OFFICE, FA		III. LOCATION STREET	7/	MH COUNTS	STATE
ATTENDI Spital or SCTOR: A d for use 1. of Heal		220. certify that (1) (his hosp saw the deceared give a above, (1) well did (did n				that in (my (our) opinion	death accurred on the de	ote and haur and Irom th	e, that (1) we last ne causes stated
TAL OR A TY the hos RAL DIREC detoched detoched THEM		226. SIGNATURE	m 29	Sheka	~ 9	ATTENDING PHYSICIAN	MEDICAL STAR	F . / 7	21/8/a
TO HOSPITAL retained by the TO FUNERAL should be determined by the State with the State IMPORTANT:		22d. PHYSICIAN'S NAME LTYPE	I. Hic	KEN		St address (gres To	spetal	
BP		BURIAL, CREDATION REMOVA (SPECIFY) BURIAL	7-25	0.4		MEM.	BAL TO	MD COUNTY	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		EROY O. DYET	r 4600 L	IBERT -	GTS	. 111	L 2 2 1986	751 REGISTRAR'S SIGN	ATURE

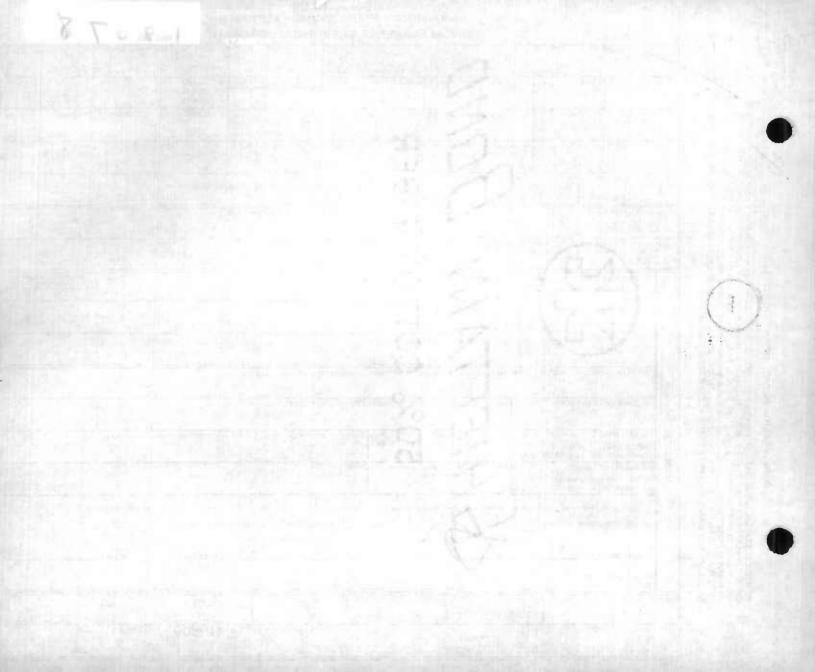


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINTS RENA 4. RACE IF UNDER I YEAR 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN DIVORCED IO CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY HOMEMAKER 13a. STATE 13b COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE IVERVIEW FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Buckingham 18 CAUSE OF DEATH (Enter only one couse per line for a), (b), and ic. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 SSenTia 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOI YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21 e. PLACE OF INJURY 211 LOCATION ö CITY OR TOWN COUNTY STATE STREET (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we did) (did not) view the body after death 22b. SIGNATUR DEGREE 22c. DATE SIGNED. ATTENDING MEDICAL Should be deta with the State [DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22e. ADDRESS 230. BURIAL, CREMATION, REMOVAL V 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Frostburg Alleghany Frostburg Mem Pk. Burial 24 FUNERAL DIRECTOR 21225 Balto. Md. DHMH - 16 60M 7/84 Gonce 4001 Ritchie Hgwy. (VRA 15, 4) George





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME FIRST DATE KNOWN MONTH DAY PRINTS ESTI-William Jones DEATH MATED 7/ 5/19 86 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS. DATE MONTH DAY LAST BIRTHDAY PRONOUNCED B 10 11 10 DEAD 5/1986 YRS 70 BIRTHPLACE (STATE OR 7b CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED N.C. U.s.a. WIDOWED [DIVORCED Baltimore City, 10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore Mercy Hospital SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3ª STATE 13h COUNTY 13r CITY OR TOWN 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS 1004 Eden Street Maryland Baltimore YES X NO [21218 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST ANIDDLE LAST Charlie Jones Mary Brown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 217076968 Unk. Sallie Redfearn 1605 Kingsways Rd. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c),) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NOXX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE STREET CITY OF TOWN WHILE AT WORK COUNTY STATE 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Natural causes X death resulted fram: Ctident Suicide Hamicide ... Undetermined manner TITLE (SPECIFY) PAGE 4 SHOU TO FUNERAL AFTER BEATH BALTIMORE W ACTUAL DATE M.D. Assistant MEDICAL EXAMINER 7/6/86 SIGNATURE SIGNED EXAMINER'S NAME Gregory R. Kauffman, M.D. (TYPE OR PRINT) 111 Penn St. ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial COUNTY 7-10-86 07/84 Baltimore BP Baltimore Maryland 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE **DHMH - 17** Wm.C.March F/H Inc. 1101 East North Avenue (VR A15 ME (5))



				STAT	E OF MARYLAND		
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21. Poe hour	13a :	MD ANNE	TY ARUNDEL 13t CITY ORT		YES NO X	130 STREET ADDRESS	A 71776
BALTIMORE, MARYLAND Cuted within 24 per fuges 1 and 2 should it, the medicolexommer mit, the medicolexommer mit.	14 F	JOSEPH M	KAST KAST	tan	15. MOTHER'S MAIDEN NAM	WIDDAE WIDDAE	Baburek
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ом!.		YES, NO OR UNKNOWN] (IF YES, GIVE	215-01	L-0912	Agnes Paul	5308 4th S	treet Baltimore, Md
2 2 2 2		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY	ondichi oto pu	Imonary.	arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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he low recon. has been to permit. I ene prior to ows ony its	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
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ENDI ruse ruse Heol		22a.t certify that (1) (this hospital sow the deceased alive on abave, (1) (we) (did) (did not			nd that in (my) (our) opinion of	death occurred on the do	the ond hour and from the causes stated
the hosping at DIRECTOR at DIRECTOR etached for the Dept of the Director of the Dept of the Director of the Di		226 SIGNATURE	Cha.	H	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
TO HOSPITAL etoined by the TO FUNERAL should be det with the Store		Song Chol	CROP 1	4.D.	22e ADDRESS 3001	Hanover timore	. St. 1/230
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DHMH - 16 60M 7/84		eorge J. Gonce	4001 Ritch	è Hgwy	Balto Md 111	REC'D. BY REGISTRAR	250. REGISTRAR SISIONATURE

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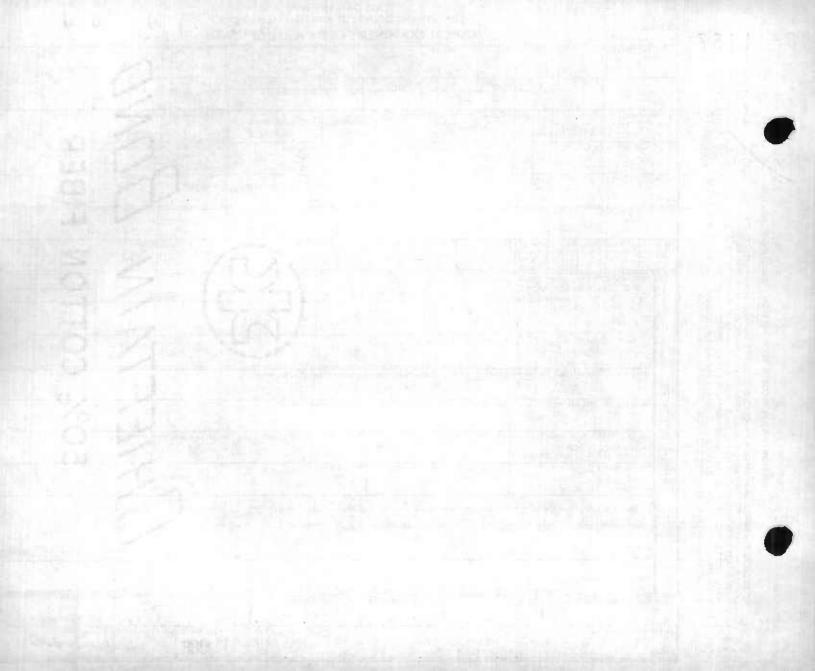
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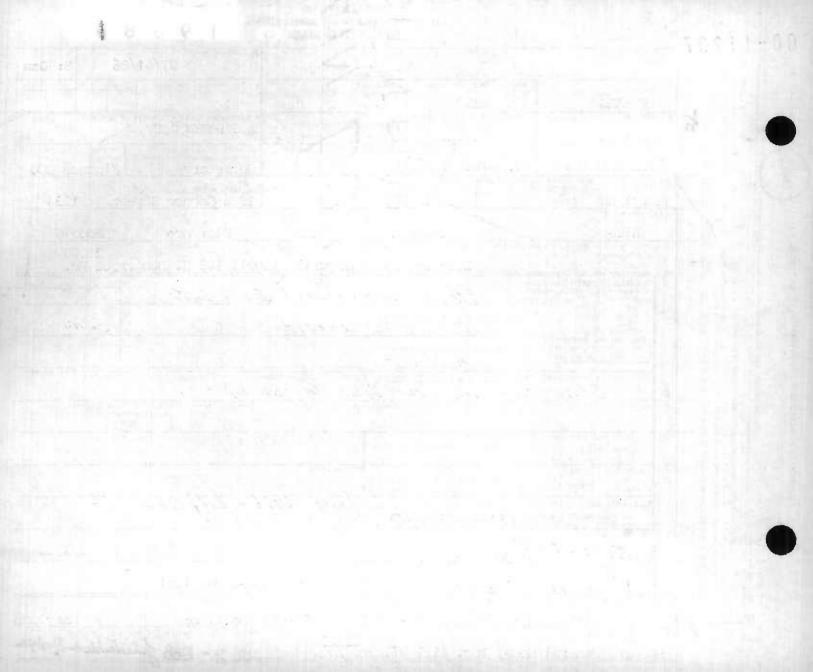
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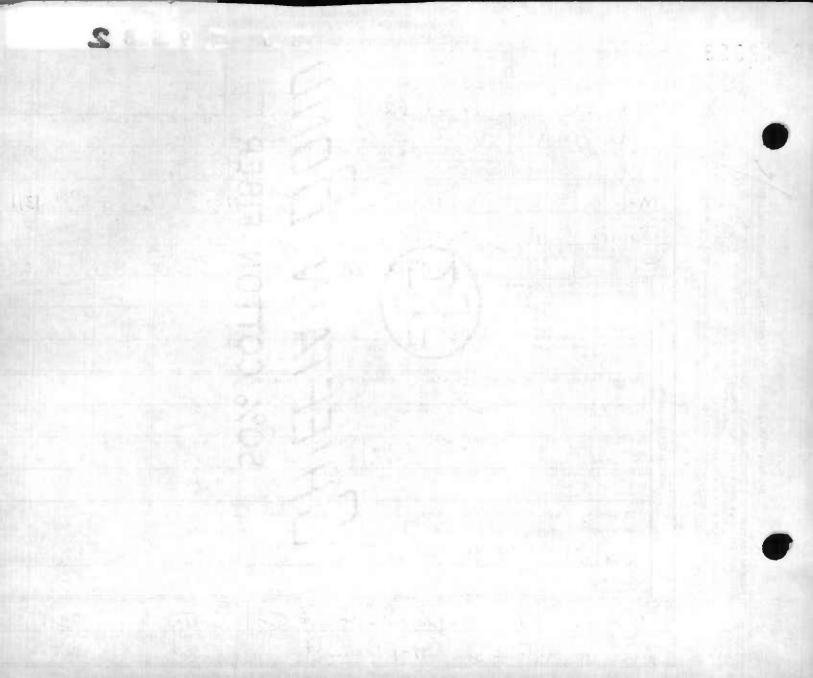
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL-HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-RECTOR. R FILES. PHOURS STREET, (Jordon) DEATH MATED Buster Jordan & AGE (IN YEARS DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE 2d HOUR YEAR LAST BIRTHDAY) PRONOUNCED 1:05 Male Black 08--0976 DEAD 1986 20 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED South Carolina USA WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Retired Baltimore 104 S. Amity Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Baltimore 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 104 S. Amity Street 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Unknown Hattie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION YES, NO. OR UNKNOWN) 217-01-6467 Juanita Diggs 803 Cooks Lane SHOULD BE EXECUTED WITHING ORD "PENDING" IN PENCIL IN ITEM 18. GOOD "PENDING" IN PENCIL IN ITEM 18. GOOD SHOW THE ALONG WITH EVED AS A BURIAL. TRANSIT PERMIT PATOF HEALTH AND MENTAL HYGIENE, DIVING PHEALTH AND PHEALTH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CRATIFICATE, WRITING THE WORD "F PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF TH BALLIMORE, MARYLAND, 21201 PRIÐR TO BURIAL, NO X 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED TIE PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, FTC 1 CITY OR TOWN COUNTY WHILE AT WORK Inspection X 22a I certify that I took charge of the remains described above, held an Autapsy death resulted fram Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 7/21/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 73r NAME OF CEMETERY OR CREMATORY 23d. LOCATION Crownsville Va. Cem. Crownsville, Maryland 7-30-86 07/84 Burial 25M 74 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** ADDRESS Gina Varidon-Randelle (VR A15 ME (S)) Brown/Thompson F.H. 1913 W. Baltimore



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by the fu	40		LTIMORE CITY	11. NAME OF HOSPITAL, IN (HE NOT IN SUCH FACILITY, GIVES HO	E STREET ADDRESS]	DR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Secretary	12b. KIND OF BUSINESS OR INDUSTRY Finance CO.
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tot o	of Healtl		220.1 certify that (I) (this hasp saw the deceased alive at above (I) (we) (did) (did no	/. "	6	that in (my) (aur) apinian	b. to for the date and ho	, 19 , that (I) (we) last
OR ATT e hospi DIRECTI	hem them		22b. SIGNATURE	The body oner deam		DEGREE		22c. DATE SIGNED
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TO HOSPITAL retained by the TO FUNERAL should be determined.	with the Sta		A le 1 and 20	ORPRINTY MP114.	10	22e ADDRESS St. 7	Agnes Hospital	
5 te 7 te	3 3		URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
BP		(Burial	7/4/86	Loudon	park Cemetery	Baltimore	Mary land
DHMH - 16 6	0M 7/B4	24 FL	INERAL DIRECTOR	AD	DRESS	21229 25a DA	TE REC'D. BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE
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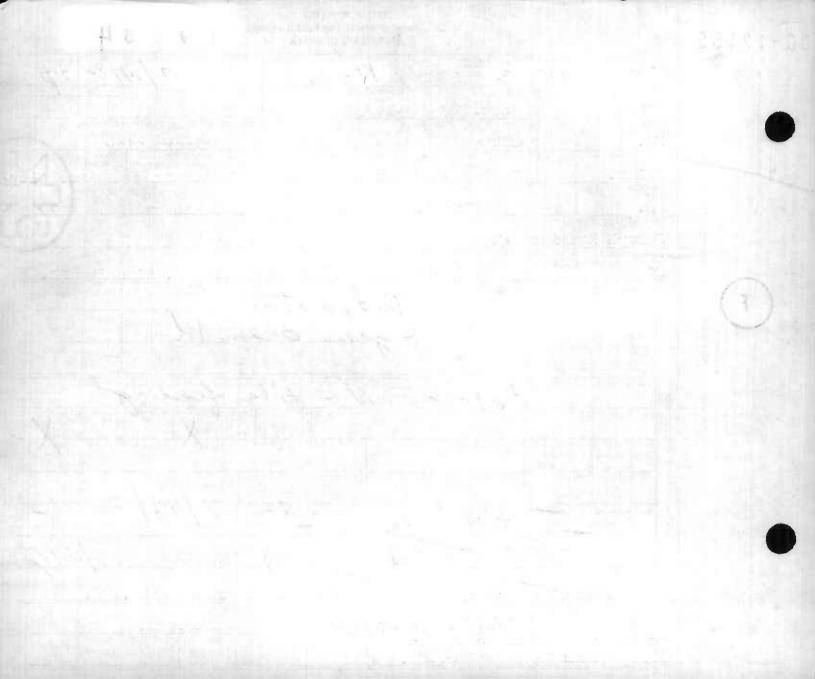


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (TYPE OR PRINT) ESTI-DEATH MATED XX T. Kelly 19 86 Harry 4. RACE IF UNDER 1 YR. DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS 2c. DATE 2d. HOUR MONTH YEAR LAST BIRTHDAY) PRONOUNCED 8:40 19 86 DEAD a. M TO BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED A WIDOWED [Baltimore City, 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY Baltimore 1100 Bolton St., Apt. UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13d INSIDE CITYLIMITS? 00 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Jame DECEASED EVER IN U.S. ARMED FORCES? IM SOCIAL SECURITY NO. 17 INFORMANT ADDRESS O, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 DEHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO XX DEPARTMENT C PRIOR TO BUS YES 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 218 PLACE OF INJURY (ATHOME 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMOSE, MARYLAND, 3 220 I certify that I took charge of the remain described above, held an Autopsy L Inspection XX and in my apinian death resulted from Natural couses. Homicide L Undetermined manner M.D. Assistant MEDICAL EXAMINER 7-11-86 EXAMINER'S NAME 111 Penn St., Balto., Md. Dennis F. Smyth, M.D. 21201 **ADDRESS** 23c NAME OF CEMETERY OR CREMATIONY 23d. LOCATION STATE 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



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Cremation 7/8/1986 Westview We. Pt. Baltleore, Md.



STATE OF MARYLAND FOR STATE REGISTRAR

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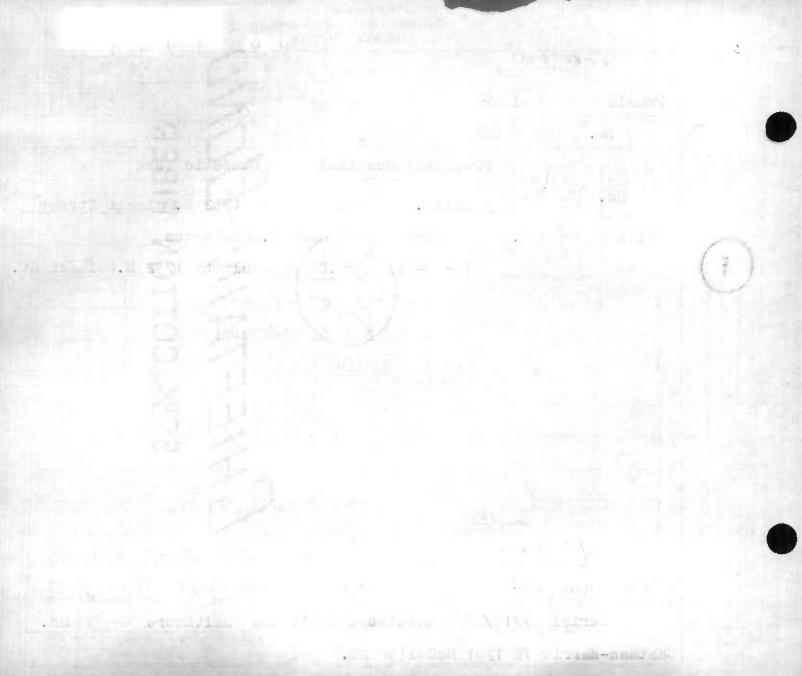
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

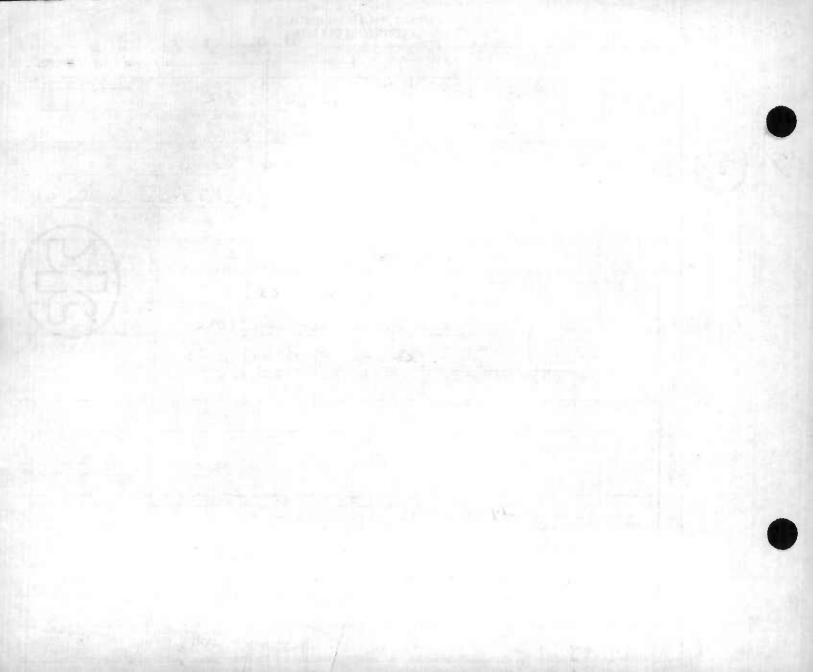
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remare	DICCR	8 23 08	77	YRS						
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TO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND OF	BUSINESS OR				
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160 WAS DECEASED EVER IN U.S. A		JRITY NO. 17 INFORMANT	ADDRE	ESS						
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AT WORK AT WORK										
11	oital) attended the deceased from_	6/30, 1986				hot (1) (we) last				
sow the deceased alive or	n 198	. , and that in (my) (our) opinion	death occurred on the d	ote and hour	and from the c	auses stated				
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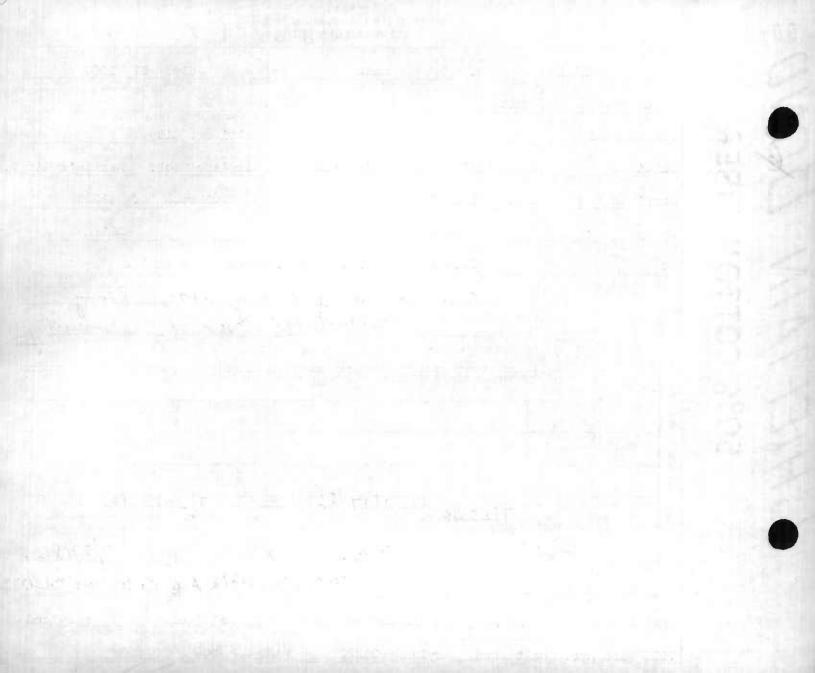
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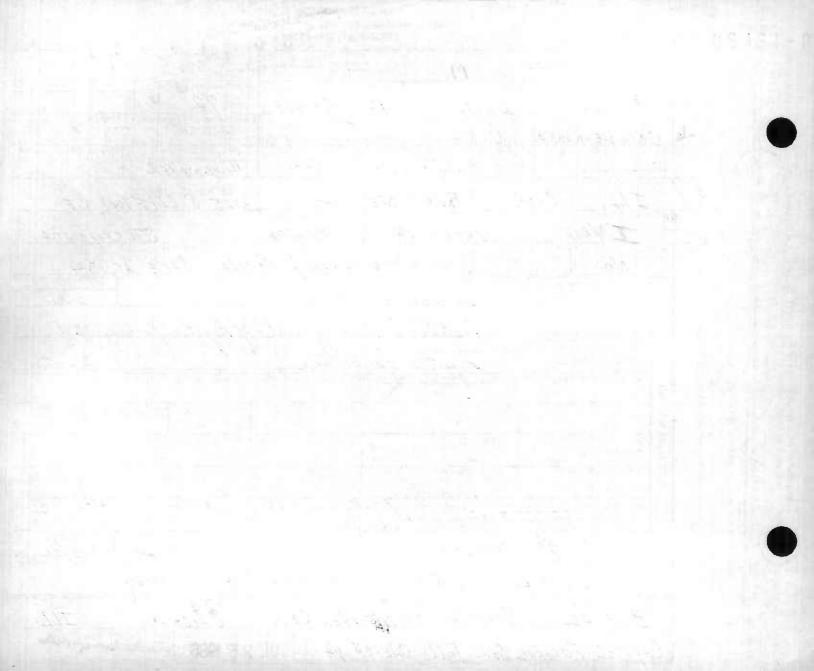


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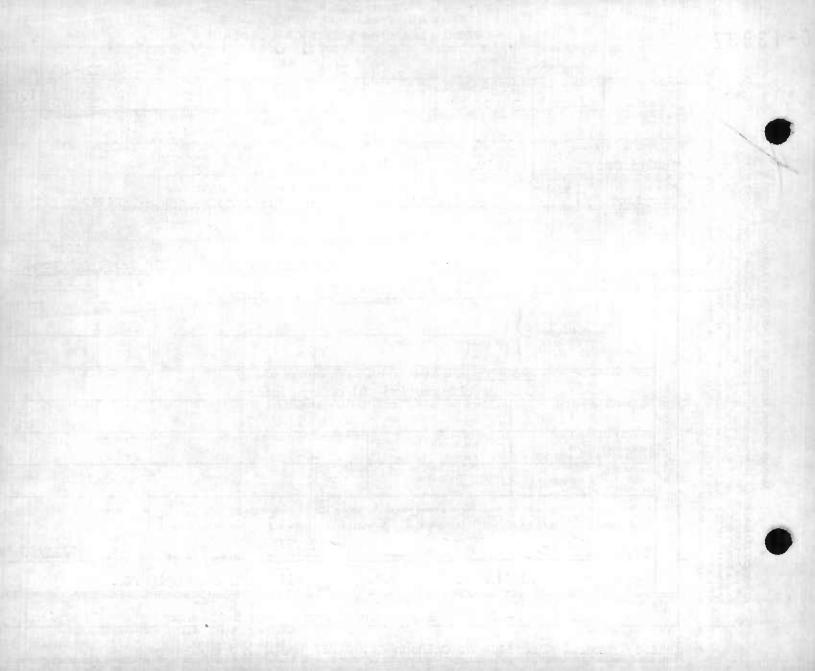
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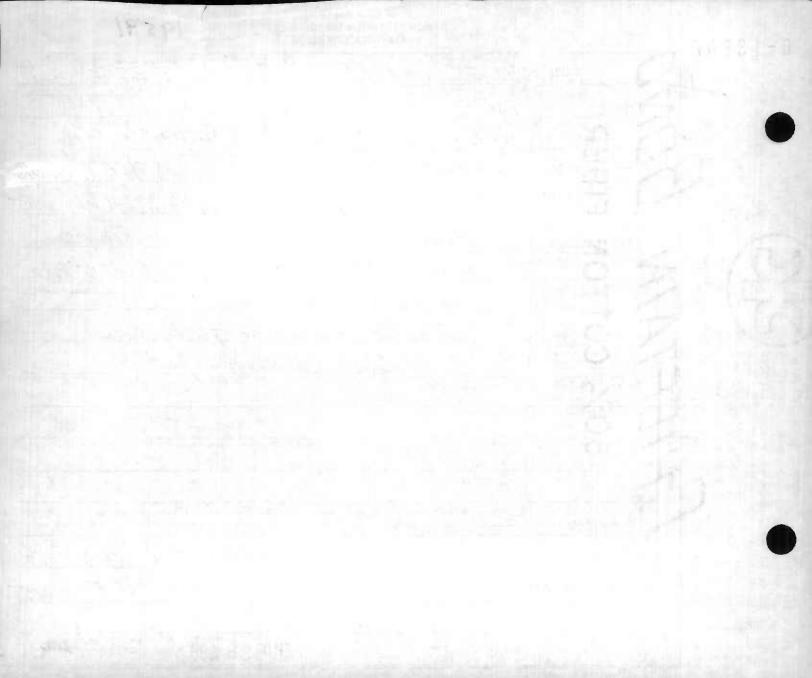


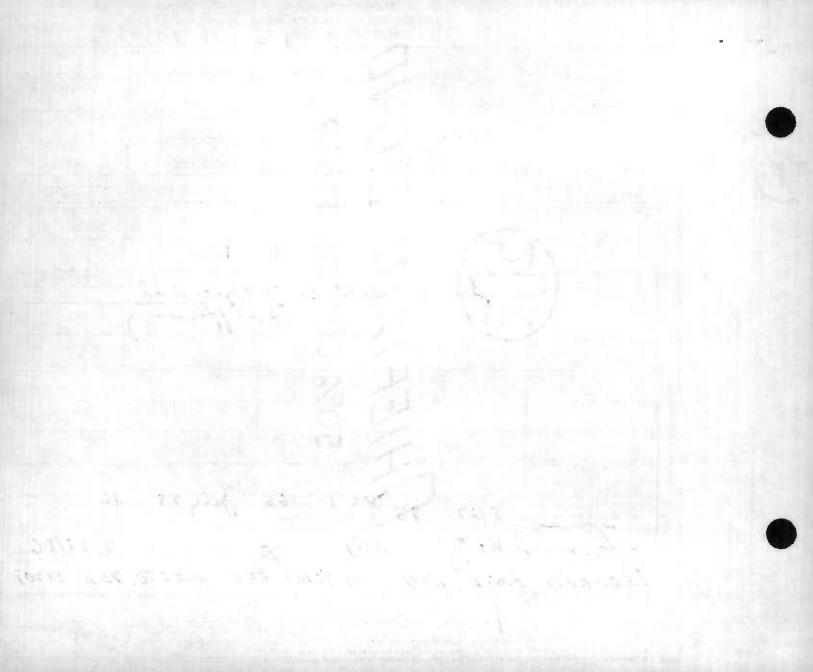
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		CEASED NAME FIRST OR PRINT) MAD	MIDDLE	tast v.	20 DATE OF DEATH MONTH	DA YEAR 26 HOUR D					
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1/2	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO. 17. INFORMANT	. ADDRESS						
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1		NO	239-0	28-8386 ROMAN L.K	ECALA SAME	AS 13e					
		18 CAUSE OF DEATH (Enter of	inly one cause per line for (a), (I	o), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
		PART I. DEATH WAS CAUS	ED BY:	·		2 1.					
-		IMMEDIA	ATE CAUSE (a) CARACA	ac arrest		Larra					
1			DUE TO, OR AS A CONS	EOUENCE OF		. 6					
5 5		Canditions, if any, which	(in metal	olic des sand ment	to d'heratice la	eluse 5d.					
Ŧ.		gave rise to immediate cause (a), stating the			1 1						
		underlying cause last	DUE TO, OR AS A CONS			3 41					
			(c) hepat			1 months					
	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CON RIBUTING	STO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION (GIVEN IN PART 110					
	0	CONTRACTOR OF THE PARTY									
1	CATI	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED					
1	H				IN CER	TIFYING CAUSES OF DEATH?					
1	- Ex				YES NO	YES NO					
1	18	71a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM I	IS PART I OR PART ?)					
V	¥	OR CONTRIBUTING CAUSE OF DE									
1	1 K	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION							
4	1		LAT HOME STREET, FACTORY O		CITY OR TOWN	COUNTY STATE					
	-	WHILE NOT WHILE AT WORK									
		22a.1 certify that (I) (this hasp	oital) attended the deceased f	rom 7-10 19-8	6 10 7-12	. 19_86, that (I) (we) last					
		saw the deceased alive a	- 13	~/	an death accurred on the date and h						
		abave, (1) (we) (did) (did n	at) view the body after death	1:50 p.m.		on a from the causes stated					
		22b. SIGNATURE	01-	DEGREE		22c. DATE SIGNED					
	1	Jerry 2/2	ondon, M.O.	ATTENDING PHYSICIAN	MEDICAL STAFF	- 7/2/86					
1	1	THE PHYSICIAN'S NAME ITHE		27e ADDRESS	DIKECTOK PHYSICIAN	12/00					
1			The state of the s		s Hopkins Hos						
		Jetry F	London, M.	I he John	s Hopkins Hos	5P.					
1	23a B	SURIAL, CREMATION REMOVA	1 23h DATE	234 NAME OF CEMETERY OR CREMATOR	y 123d LOCATION	+					
	(SELTZ O SOL	7-15-86	C= 41'=11 1 1=4	CITY OR WOWN	COUNTY - STATE					
		DORIAL	11006	07. NICHOLAS CEM	CHICAGO	11.					
/84.	24. FL	INERAL DIRECTOR		25a. D	ATE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE					
oferfu.	1/	APITOL FUNER	11/ SED F79	CHINECH VA.	1 25 1088 Julian	Candon-Range					
	1	11 10L IUNGE	AU OFF. 1ALL	CANLOW NA	- 00 NOO						



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME DATE KNOWN X (TYPE OR PRINT) ESTI-Rebecca DEATH MATED Kina 21 1986 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY DAYS PRONOUNCED 10:15 DEAD Female. Black 1986 16 1922 64 YRS a M To BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City South Carolina WIDOWED 1 DIVORCED U.S.A. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY LIF NOT IN SUCH FACILITY GIVE STREET ADDRESS FOR MOST OF WORKING LIFE! Baltimore University Hospital HELAL RESIDENCE UP IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REPORT ADMISSIONA 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 36 COUNTY 13e STREET ADDRESS Maruland Baltimore 1510 Mosher St. 21217 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST LAST Mathew Dolleu King Page 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 21229 LYES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Margaret McNeil 4510 Old Frederick Road 217-22-2786 B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g Chronic obstructive pulmonary disease 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO THE CH CGE 3 SHOULD BE U ATE DEPARTMENT C 201 PRIDR TO BUR YES 🗌 NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 71d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BALTMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinion Inspection Notural couses X death resulted from: Suicide Homicide ___ Undetermined monner TITLE (SPECIFY) ACTUAL 7/21/86 Assistant DATE SIGNATURE MEDICAL EXAMINER William M. Zane, M.D. EXAMINER'S NAME 111 Penn St. Balto.MD. TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 7-25-86 Burial King Memorial Park Baltimore Maruland 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** . na Dandier- Mandalos Bailey Funeral Home 1348 N. Calhoun St. 21217 (VR A15 ME (5))







Arbutus Memorial Park

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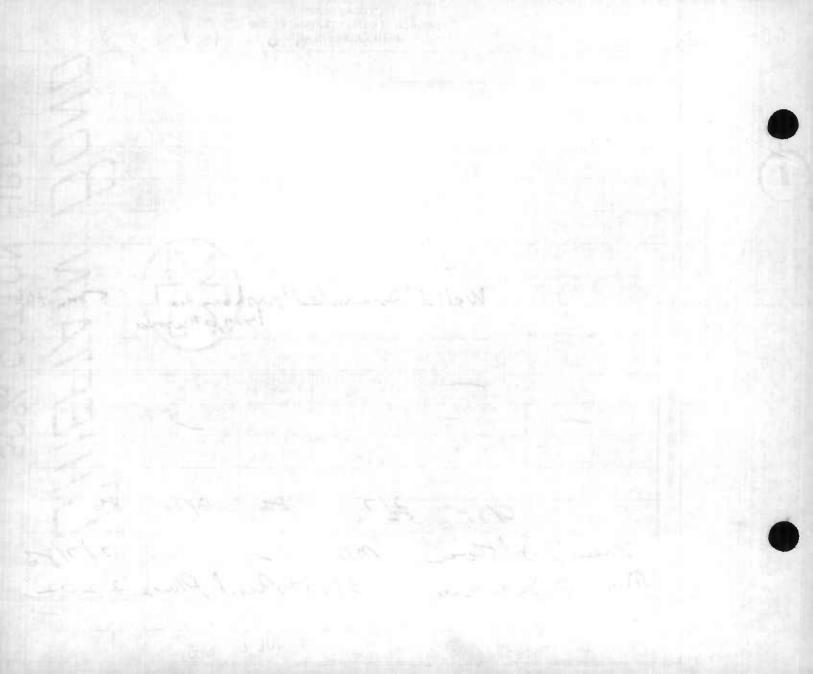
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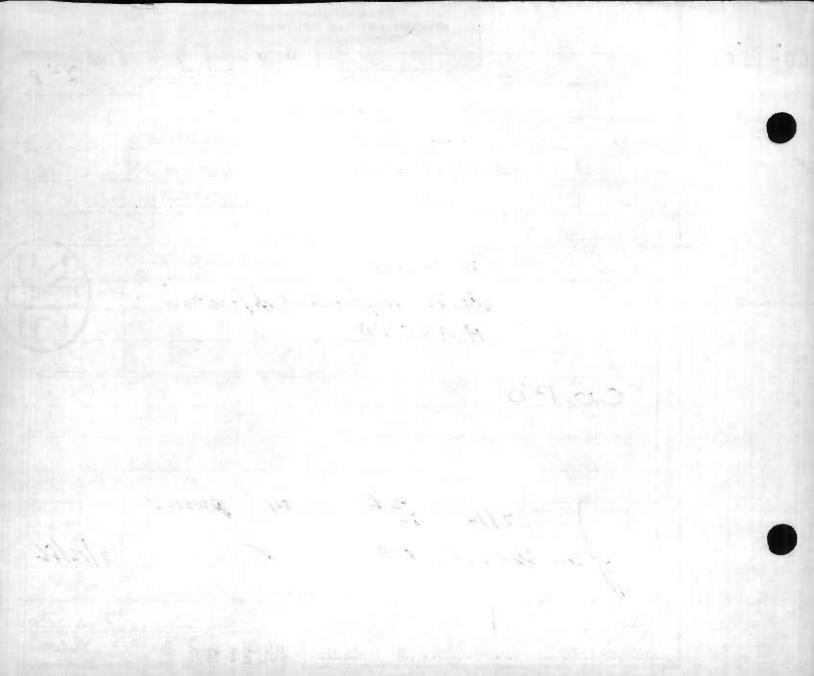
24 FUNERAL DIRECTOR

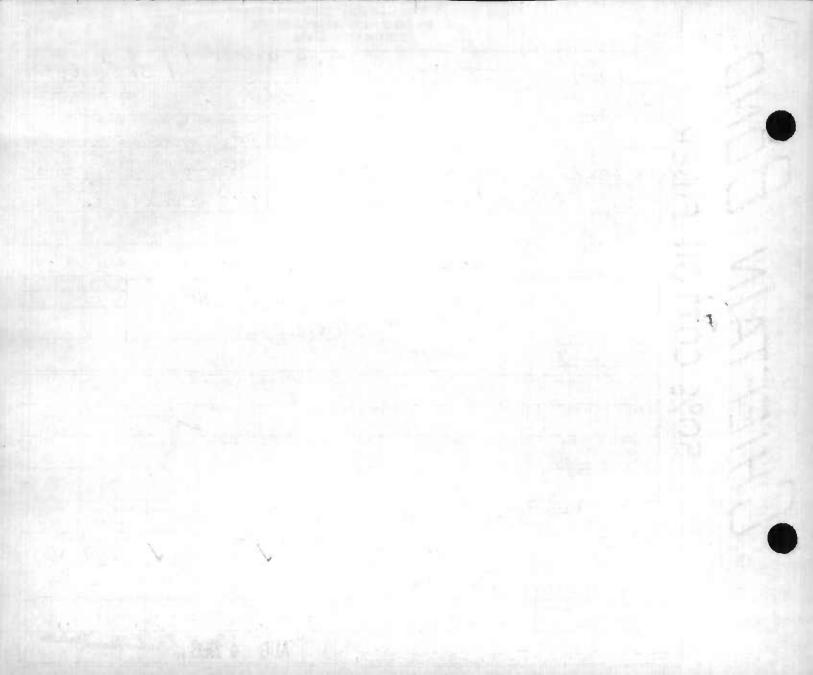
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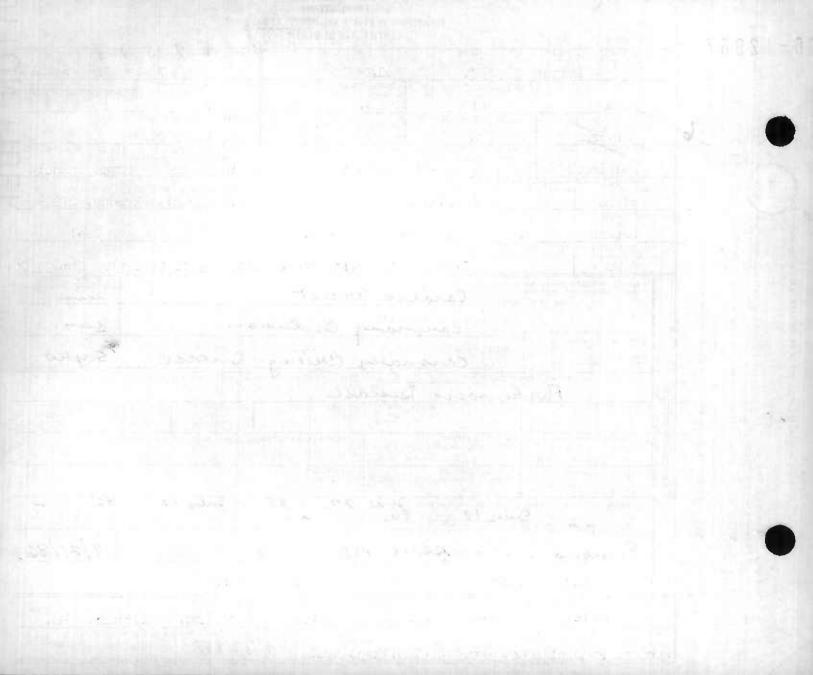


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2b. HOUR (TYPE OR PRINT) KYLE J. KIRBY JULY 23,1986 3:45A M 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HR 3 SEX 4 RACE 5. DATE OF BIRTH April 25, 1922 White Male 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Texas U.S.A. WIDOWED BALTIMORE CITY DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR ID. CITY OR TOWN OF DEATH 12n LISUAL OCCUPATION NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY BALTIMORE THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Jan. STATE 13c CITY OR TOWN 186 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 201 Dunkirk Road 21212 Baltimore NO X Maryland Baltimore FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Jesse W. Kirby Thelma Buttoch ADDRESS 17 INFORMANT III G: WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-07-3050 K.B.Kirby 201 Dunkirk Road 21212 Yes WWII APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse 3WOK INO ONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20e AUTOPSY? OF OPERATION IN CERTIFYING CAUSES OF DEATHS 71a ACCIDENT WAS UNDERLYING HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (I) (this hospital ottended the deceased from and that in (my) our) opinion death occurred on the date and hour and from the causes stated sow the deceased live on above (II) we) Idid it did not) view the body after death 22c. DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRES 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 23b. DATE (SPECIFY) BaltimoreMaryland 7-25-86 Burial Dulaney Valley 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Mitchell-Wiedefeld Home 6500 York Road 21212 (VRA 15, 4)

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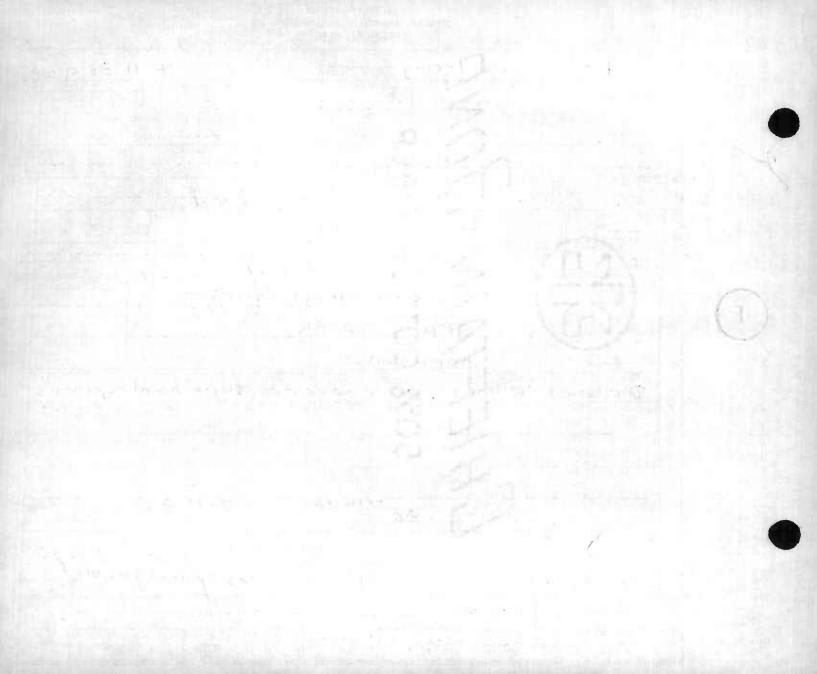
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	07	SHEDES.	3		G DOR	HOUR A.	M. MONTH	DAY YEAR	, ,	RY OCCURRED	ENTER NATURE OF INJURY	IN ITEM 18 PART I OR	PART 2)	
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		FR: THIS CRTIFICATE SHOUD B ATE, WRITING THE WORD "PEN ORWARDED TO THE CHIEF ME OR: PAGE 3 SHOUD BE USED AS IE STATE DEPARTMENT OF HEAL UD, 21201 PRIOR TO BURIAL, CR			AT WORK				v			7		
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		CAM ERTIF D BE NITH ARYL		death resul	red from: Nato	rai causes 45.11.	Accident	L, Suicio		(SPECIFY)	Undetermined mann	er [],		
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		NEA SEA	R			//	/					LK 3101	10	
		TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BAITIMORE, MARYLAND, 21201	1	EXAMINER'S (TYPE OR PR	INT) Wi	lliam M.	Zane,	M.D.	ADDRESS	111		Balto.MI	D	
		BATEGA	23	BURIAL, CREMA	TION, REMOVAL	236 DATE	23c N	AME OF CEME	TERY OR CREMA	TORY	23d. LOCATION CITY OR TOWN	/ 11 00	DUNTY	STATE
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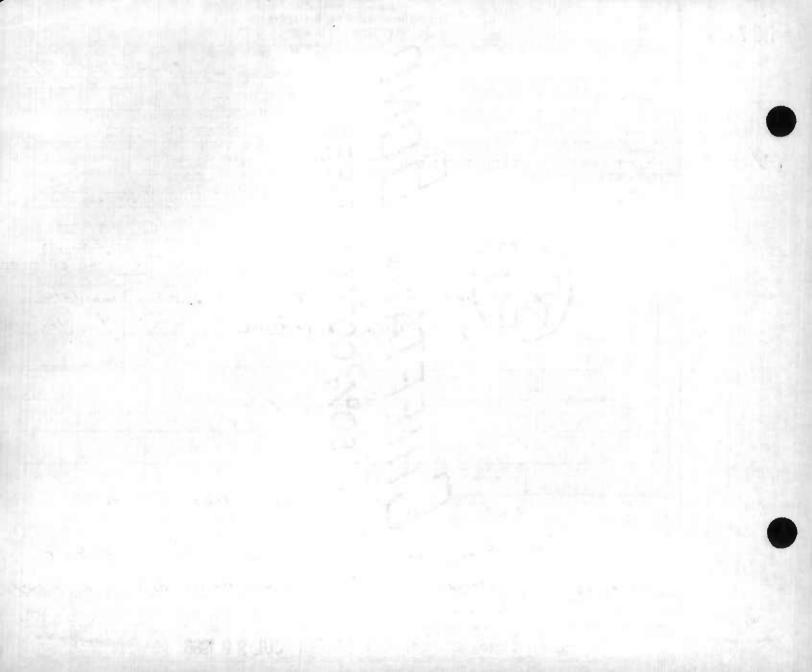
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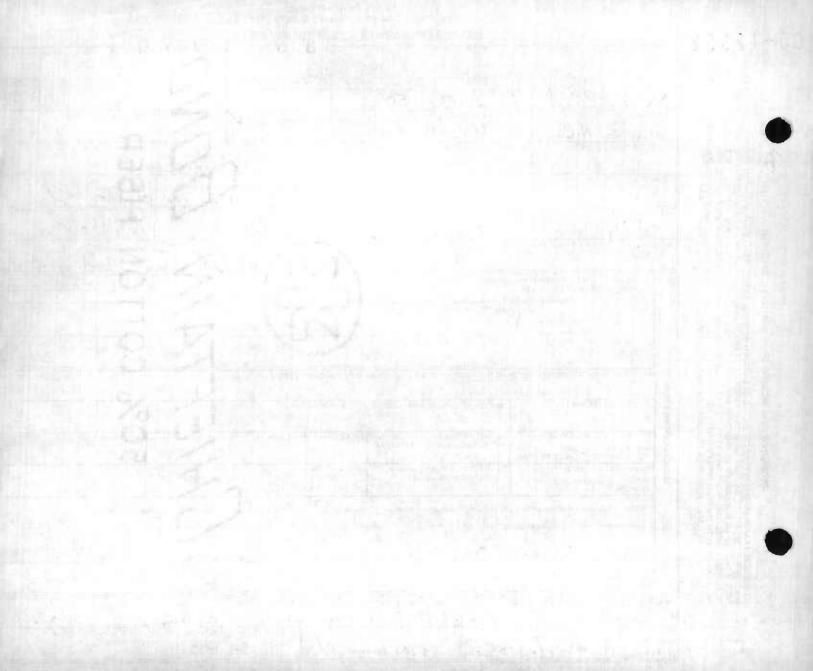


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0			1 -	FOR STATE	DE		ALTH AND MENTAL H	LYGIENE			
1 -	1324	6		REGISTRAR		CERTIFI	CATE OF DEATH	MG. NO	0	2	
				CEASED NAME FIRST	MIDDLE	LA	ST	20 DATE OF DEATH	DNTH DAY	YEAR	26. HOUR
	4 50	100		JOHA	J HENRY	Ke	neval	July		1986	11 7PM
	9 8	2	اعتبا	h/l	4. RACE	5. DATE O	BIRTH YEAR	6. AGE (IN YEARS LAS BIRTHE	DAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	4 90 1	1	1	14	W	64	29 16	70	YRS		
-	P + 0	25		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY O	FDEATH	
-	# ST 2	1		Pa.	USA	WIDOWEI			City	. 7	MD.
_	D 26	601		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OTHER INSTITUTION	12a USUAL OGCUPATION	V	12b. KIND O	F BUSINESS OR
5	1 19	70		Baltimore /	John Deat		cal Center	D . 11 - 0:			Dept.
212	hour fin	BO F	LSU/	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUR	OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?				
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N.	1 4 E	NO.P.	I4.FA	THER'S NAME		AST	15 MOTHER'S MAIDEN	NAME		LAST	
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2	5 8 6	9		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIA		17. INFORMANT	ADDRESS	5		
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ALT	2 2	18		8 CAUSE OF DEATH (Enter of							MATE INTERVAL
		11		PART I. DEATH WAS CAUSE	O DV	pirator	y are	st		imme	17 .
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STO	the state	Dun's		Canditians, if any, which	DUE TO, OR AS A CON	Il lune	lancer u	with metast	ares	12/8	5 dx
98	2 25	a tro		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON		to boin	Iver, and	Geno	was	mada
3	5 57	othe		underlying cause last.	DUE TO, OR AS A CON	ASEQUENCE OF	10 910011	no-c, and	47070		
20	# P.	y, ar		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDI	TION GIVEN	IN PART 10	1
5 D S	Paris Paris	2 5	NO	NA		777					
00	1 11	110	CATI	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	I WAS PERFORMED	200 AUTOPSY?	206. IF YES, V	WERE FINDIN	IGS USED
18	26 28	1	CERTIFICAT	NA.	DECEMBER 1			YES NOW	YES		NO [
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0	A STORES	ow.	E	220 I certify that (1) this hosp	ital attended the deceased	from 7/2	1 , 19_	6 , to 7/22	, 19	86	that (I) (we) ast
	Photo St	2 F		saw the deceased alive an	7/22 at) view the body after death	_19, an	that in (my) Our apini	ian death accurred on the date	and have c	and from the	causes stated
	A SO WAS	Peril.		226. SIGNATURE	00		EGREE			22c. DATE	SIGNED
	AL DAL DAL DAL DAL D	2 2		Edward	Hickman	_	ATTENDING PHYSICIAN	MEDICAL STAFF		7-2	13-86
	55 53	5 4 /		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS		- 0		
	Seld Util	APORTA		Edward F	Richman		611 S.Cho	arles St 1	Balt	mp	21230
	54 54	13/		URIAL, CREMATION, REMOVAL	. 23b. DATE	23c NAME OF CE	METERY OR CREMATOR				
	BP			Burial	7/26/86	Dulane	7 Valley	Baltim	ore	Mary	land
	DHMH - 16 6	OAA 7/94		INERAL DIRECTOR .			25o C	DATE REC'D. BY REGISTRAR	L REGISTRA	R'S SIGNAT	
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	西京なる近		Leonard		Korneg	ay	DEATH MATED	1.3	8 19 86 M
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1	お茶品サーフ	10. C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME	, OR OTHER INSTITU	ITION 12a	USUAL OCCUPATION	TYPE OF WORK	26 KIND OF BUSINESS OR INDUSTRY
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2	BEZES			HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIN	างา		o o vern r	Tent !	71777
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9	THENE	14 F.	ATHER'S NAME	DDIE A LAST		ER'S MAIDEN NA	ME		
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TIM	855555	()	VAS DECEASED EVER IN U.S. ARMED	OR DATES)		0.	N M	-	cl .
3	B. GIME WITH T. PAG DIVISIO				1 lec	rile	Daughle	11 311.	Theyopard St.
- 3	D. W. C.		18 CAUSE OF DEATH (Enter only on	ne couse per line for (a), (b), and (c).)		2 195	0	3	APPROXIMATE INTERVAL
15	HOULD BE EXECUTED WITHIN 34 HO RD "PENDING" IN PENCIL IN ITEM HIFF MEDICAL EXAMINER ALONG USED AS A BURIAL - TRANSIT PENM OF HEALTH AND MENTAL HYGIRLE RIAL, CREMATION, OR REMOVAL		PART I DEATH WAS CAUSED BY	Arteriocciore	otic cardi	ovascula	ar disease		BETWEEN ONSET AND DEATH
ō	华튜豆종유운		IMMEDIATE C	DUE TO, OR AS A CONSEQUENCE		Ovaboaso	II_ GIBCGBC		
5	A F S P O		Conditions, if ony, which	DOE TO, OK AS A CONSCOURTER	or.				
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≥	OR THE WENT		couse (a) stating the under-	DUE TO, OR AS A CONSEQUENCE	OF .		The Earlie Control	1/ 9/11	
201	N A A K		lying couse lost.	(c)					
	SECU BUR AATIO		PART 2 DINER SIGNIFICANT CONDITIONS CONT	RIBUTING ID DEATH BUT NOT RELATED TO THE TERM	INAL DISTACE OR COMMITTEE	AN CHURN IN DARK A			
RECORDS	PED BE EXECTED BE EXECTED BE WEDICAL BY A BUT HEALTH AN	z			MAL DISEASE OF COMPILIE	ON GIVEN IN PARE 1 (0)			
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OF V	EN HEN	1 2	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c. HOW INJURY	OCCURRED (EN	TER NATURE OF INJURY IN ITEA	A 18 PART I OR PART	
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Ö	A P P P P P P P P P P P P P P P P P P P	1 3	CONTRIBUTING CAUSE OF DEAT		21E LOCATION			1.3	
NOISION	CERTIFI TING TO 3 SHO DEPAR 1 PRIOR	MEDICAL		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	STREET		CITY OR FOWN	COUN	NTY STATE
۵.	WARE WARE TATE	1	AT WORK AT WORK						
	UNER: THIS CERTIFICATE SHOULD FICATE, WRITING THE WORD "PE E FORWARDED TO THE CHIEF N. TAOR: PAGE 3 SHOULD BE USED. AT THE STATE DEPARTMENT OF HELE CAND, 21201 PRIOR TO BURIAL, CAND, 21201 P					Inspection X			
	ECERTIFICATE, DULD BE FORV L DIRECTOR: F, WITH THE SI MARYLAND, S		27a I certify that I taak charge of	the remains described above, held an	Autopsy .	Inspection (*	I, Inquiry LI, _	ond in my opin	nion
	¥ E H D E S		death resulted fram: Natural co	auses . Accident . Su	cide . Homi	cide . Un	determined manner	<u>.</u>	
	CERT DID E DIRE	_0	1 110.	ind IV as	TITLE (S	SPECIFY)			
	CAL EX. SHOULD ERAL DIR SATH, WI		ACTUAL SIGNATURE	te me foull			MEDICAL EXAMINER	DATE	7/9/86
	2 = 3 = 3 = 3	1	SKINATORE		, M, D.		IEDICAL EXAMINER	SIGNED	
	MEDI PER PER PER PER PER PER PER PER PER PER	-	EXAMINER'S NAME	Margarita A. Korell	L, M.D.	111 Penr	St. B	alto.MD	
	TO MEDICAL EXECUTE THE CREATE PAGE 4 SHOUL TO FUNERAL DI AFTER DEATH, V BALTIMORE, MY								
	FUCF < d	23e.B	URIAL CREMATION, REMOVAL 236. D	PATE 230. NAME OF CEA	HETERY OR CREMAT	ORY 23d	LOCATION	COUNT	Y SATE
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00-	-13890	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLANI BEALTH AND MEI ICATE OF DEA	NTAL HYGI	ENE KOU	NESKI 24/13	. JOHN	W. AND CO.
			CEASED NAME	FIRST		MIDDLE		TAST D	-0	20. DATE OF DE	ATH MONTH	DAY Y YEAR	26 HOUR A
	3 69	(TYPE	ORPRINT)	OHN		Т	KOUNE	ESKI	*ima	JULY	29, 1	986	2:16
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	1 000		MALE		WH	TTE	MONT		YEAR 86	72		MONTHS DAYS	S HOURS MIN.
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LAND 21	() k	130. S Ma	aryland	13b COUI	R OTHER INSTITUTION	136. CITY OR Balt	TOWN	13d INSIDECITY YES N	0 🗆	13e STREET ADI			21223
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REST	death de death mave cor polign of trouman		Conditions, if any, gave rise to imm	ediote	(b)	Anter	ior wal	of Myoca	r dial	Interc	tion	2	days
3	d by the last creating the second control of the creating the control or other creating the crea		couse (a), stating underlying couse	g the lost.	DUE TO, O	and I	EQUENCE OF	ronay ort	en die	seare		8	years
5, 201	n signed Then ple ta burio injury, ar	_	PART 2 OTHER SIGN	IFICANT	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE C	R CONDITION	N GIVEN IN PART) ro
ORD	en si	NO.	Hyp	erter	क्षण्ट व	ingest	ive heo	st fail					
AL RECO	an. has been print to permit ene print aws any	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORM	NED	200 AUTOPS	20b.	IF YES, WERE FIND ERTIFYING CAUSE YES []	NGS USED ES OF DEATH?
OF VITA	CIAN: The physicion physicion crifficate and al-transit mail hygie em 18 sho		210 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	AIR	OF INJURY .M. MONTH .M.	DAY YEAR	21c HOW INJUI	RY OCCURR	ED (ENTER NATUR	OF INJURY IN ITE	M 18 PART I OR PART 2)	
>	G PHYSI strending er this ce the buri and Mer ked ar Itu	MEDICAL	21d IN JURY OCCURR WHILE NOT WHILE AT WORK	ED	21e PLACE	OF INJURY REET, FACTORY, OI		211 LOCATION STREET	Tio	C	TY OR TOWN	COUNTY	STATE
<u> </u>	tol ar of or		220.1 certify that (1) saw the decease	(this hosp	7/20	9	0.		19 SCo		n the date one	d hour and from th	, that (I) (we) fast
	R AT hasp RECT red for ept. a		23h SIGNATURE	iel) (did no	of view the Body	after death.		DEGREE					TE SIGNED
	PITAL OR by the hi ERAL DIRI e detache State Dep		1 ar	rey !	10 1 HISC	~		PHY	ENDING YSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN E	1 7/3	29/86
-11	retained by it TO FUNERAL should be det with the State IMPORTANT:		THE PHYSICIAN'S NA Now	ncy	To W.	Ison	MO	601 A	HEJOH	NS HOP	KINS	HOSPITA	21241
	E 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23a. E	URIAL, CREMATION, I	REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATIO		COUNTY	STATE
	BP		Burial		8/1/8	36	Most Ho	oly Redee					Maryland
(DHMH - 16 60M 7/B4	24 FL	JNERAL DIRECTOR			ADD	RESS	21229	250. DATE	REC'D. BY REG	STRAR 25h RE	EGISTRAR'S SIGNA	Aund I
	(VRA 15, 4)	Hu	bbard Fune	ral I	Home, In			s Ave.	JUL	2019	50 July	a Davidson	

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	_ FOR			DEPARTMENT		AARYLAND I AND MENT	AL HYGIEN	19	606		
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2625E-14	3 SEX	4. RACE	5. DATE OF BIRTH	6 AGE	(IN YEARS IF UN	DER I YR. IF UI		2c. DATE PRONOUNCED	MONIH	DAY YEAR	2d HOUR
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W T Sans	IN FATHER'S N	NAME	WIDDLE	LAST		15. MOTHER'S A	MAIDEN NAME	WIDDLE		LAST	
H 210-22	Mic	hael		Kowalesk		Cat	herine			nkowski	
ALTIMO AFTER I FORM FORM SION	160, WAS DECI		E WAR OR DATES)	16b. SOCIAL SEC		17 INFORMANT		ADDR	ESS	21220	
a woed >V	Yes			II 217-16-		Eliza	beth F.	Kowales	ri 700		
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	I 19e DAT	TE OF OPERATION	196. CONE	ITION FOR WHICH	OPERATION W	AS PERFORMED	?		-11-3	20 AUTOPSY	?
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DIVISION RITING TH REDED TO SE 3 SHOU FE DEPARTA	LA L	URY OCCURRED		OF INJURY (AT HO CTORY, FARM, ETC.)		CATION STREET		CITY OR TOWN	cou	INTY	STATE
D THIS WAR	AT WO	RK NOT WHILE									
PES ATE S	22e. I	certify that I took cha	rge of the remains d	escribed abave, held	on Autap	sy , Insp	pectian K.	Inquiry ,	ond in my op	inion	
EXAMINER: CERTIFICATI DIRECTOR: WITH THE SARRYLAND	. death i	resulted from: Nat	ural causes X	Accident	Suicide	, Homicide L	Undete	ermined manner	⅃.		
WAR WAR	ACTUAL		nto Ma	e 460110		TITLE (SPECIF			DATE	7 22 0	0.0
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DIVISION OF VITAL R TO MEDICAL EXAMINER: THIS CRITIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD."P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF H BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		IER'S NAME R PRINT)Mar	garita A.	Korell,M	.D.	ADDRESS11		Street B	altimor	re, Mary	land
DAR DER —	23e BURIAL, CR (SPECIFY)	EMATION, REMOVAL			No.	R CREMATORY	23d. LO	CATION	COUN	ITY SI	TATE
07/84 BP	24 FUNERAL D	Burial	Jul 26 1	986 Par	kwood	125- D		Baltimore REGISTRAR [25b R		Maryland	1
DHMH - 17		ard J. Ruck	T ADDRE	Soltimore	Manuel		II O A	MOG AL	Sinda S	GNATURE .	4
(VR A15 ME (5))	Teous	ird o. Ruck	, THE.	ar crmore,	mary 18	ALICE .	11 24	1900 June	Part I de la		

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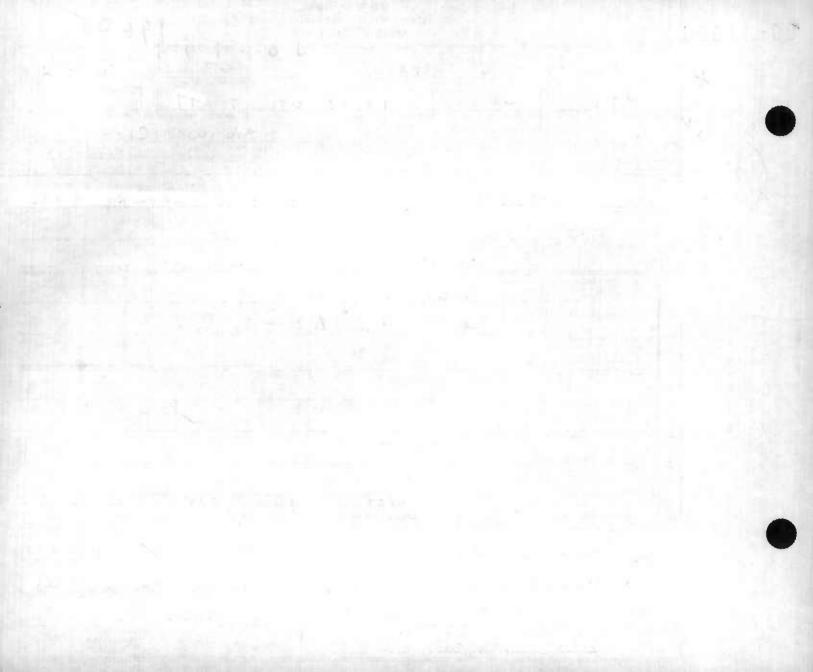
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NUCL CONTROL FOR BUILDING NO. 21216



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

RTMENT OF HEALTH AND MENTAL HYGIENE **

CERTIFICATE OF DEATH

REG. NO. 9 610.

3 SEX	Female	A ELIZA RACE White		S. DATE C		8	6	& AGE (IN		21), 198	IF UNDER LYEA	11:55)
70 BIR	Female					- 312	- 157	& AGE (IN	YEARS LAST BIR	THDAY)	IF UNDER I YEAR	R IF UNDER 24 H
C		White		MONTH							-	
C			,	Dec	ember	10.19	904	120	81	YRS.	MONTHS! DAYS	HOURS M
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	(2 1		-					OF DEATH	
	Maryland	USA		MARRIE	D NEV	DIVORCEI				more C		
10 CI	ITY OR TOWN OF DEATH		HOSPITAL NURSI	WIDOWE					OCCUPAT			OF BUSINESS
	Baltimore	4401	Roland A	lve.					Homem	aker		
	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		Baltimo	WN	13d. INSID	E CITY LIM				zip code Roland	Ave.	21210
14 FA	ATHER'S NAME Henry Denbow	WIDDLE	(AST		IS. MOTH	Nett:		me Georgi	ana B	oyd	t.	AST
16a W	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SEC	URITY NO.	17 INFOR						Columb	oia Rd.
(4)	YES NO OR UNKNOWN) (# YES GI	IVE WAR OR DATES)	216-10-	-4556	Eliza	abeth	Kre	ebs Ea				Md. 2
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NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	INAL DISEA	SE OR CON	DITION GIV	VEN IN PART	lto				
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	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	OF INJURY A.M. MONTH DAY YEAR P.M. 19					RRED (ENTER NATURE OF INJURY IN 11EM 18 PART 1 OR PART 2)				
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	22b. SIGNATURE Hallia	im Pot	Benson	uls	In D		ING IAN	MEDICAL	STA		7/	23/8
	William P. Be		r. M.D.	0			Calv	ert S	t. Ba	altimo	ore, Md	. 21218
	BURIAL CREMATION, REMOVAL	L 23b. DATE	236	NAME OF C				23d. LOC				
×	WHILE ALWOPK NOT WHILE ALWOPK 77e. I certify that (I) (the hope sow the deceased alive or above, (I) (spe) (click) (did not 22b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE: William P. Be	(AT HOME STI	REEL, FACTORY, OFFICE The deceosed from Softer death. T. M.D.	Js.	nd that in (ATTEND PHYSIC RESS	Calv	vert S	7/2 ed on the c STA PHYSI Ba ATION	ote and hou	ond from the	E S

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital or attending physician.

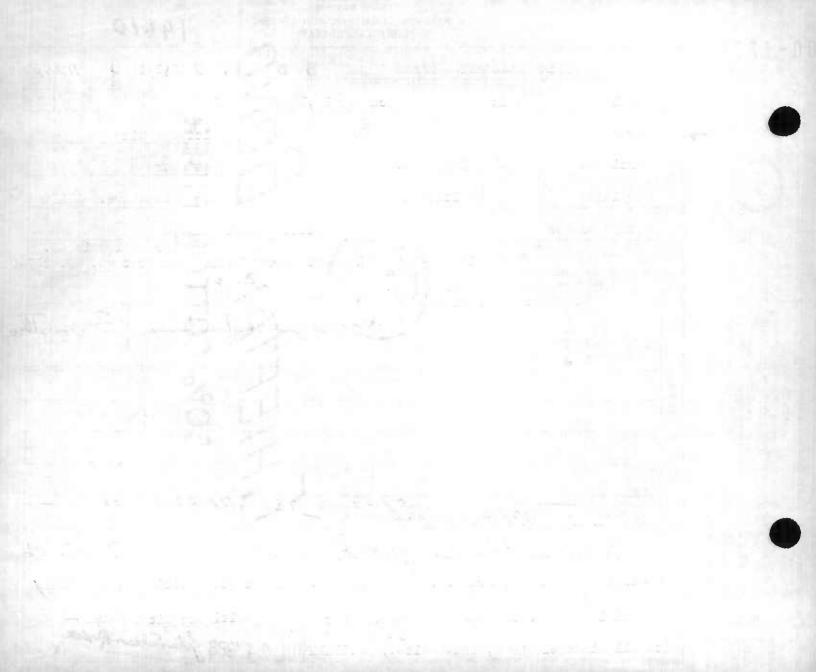
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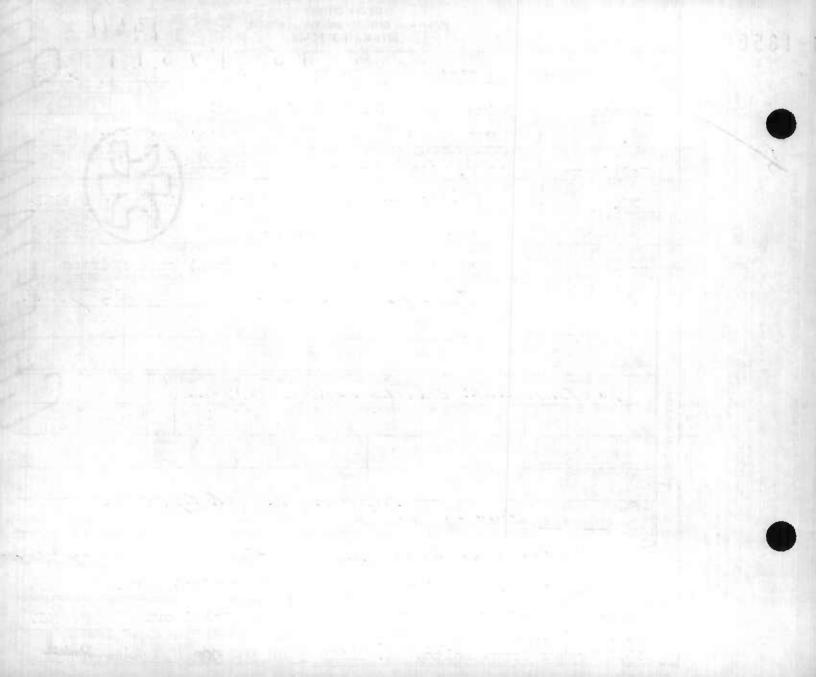
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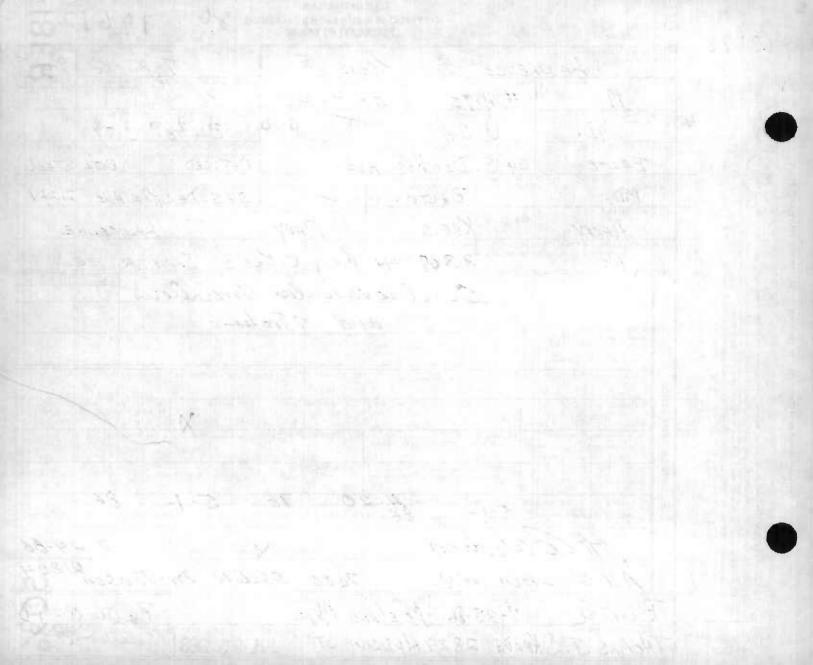
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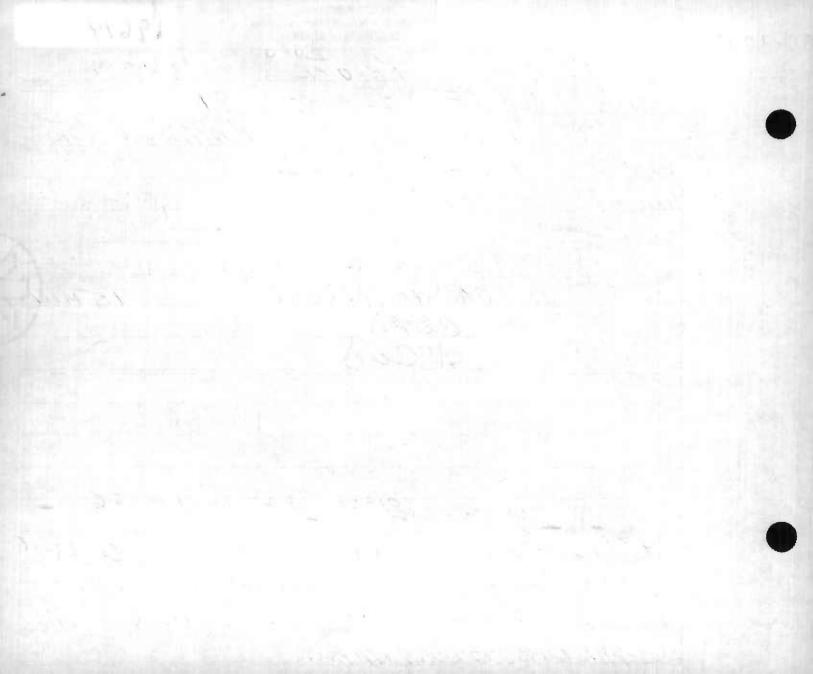


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2g. DATE OF DEATH I. DECEASED NAME MONTH 25 HOUR LITYPE OR PRINTS AWRENC 100 deot IF UNDER 1 YEAR 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAYS IF UNDER 24 HRS YEAR TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 7n BIRTHPLACE ESTATE OF FOREIGN MARRIED NEVER MARIND COUNTRY DIVORCED WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY BETH 130 STATE USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13e STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? YES NO T DEC 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS LISED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM NO T 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) H 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (1) (this haspital) attended the deceased fram_ saw the deceased olive on and that in (my) (aur) apinion death occurred an the date and hour and fram the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING L should be deto PHYSICIAN MPORTANT. 22e. ADDRESS 7600 0 230 BURIAL CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236. DATE CITY OR TOWN BP 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNAL ASSAULT OF THE STREET OF THE STREE DHMH - 16 50M 4/83 (VRA 15, 4)

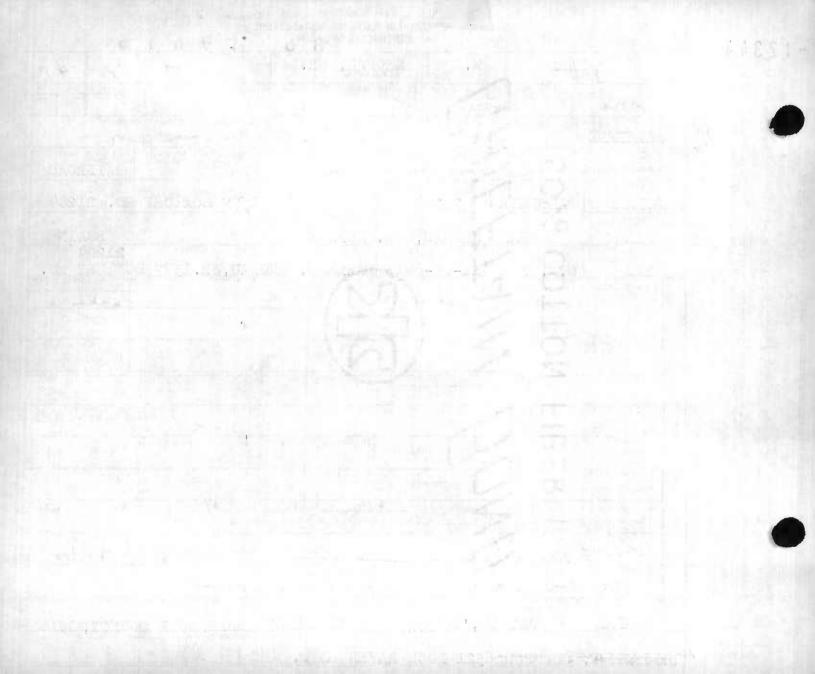


STATE OF MARYLAND FOR - STATE REGISTRAR DECEASED NAME 20 DATE KHOWN XX MONE 2b. HOUR (TYPE OR PRINT) DEATH MATED 19 86 Alan Kress DAY 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS I IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED 19 86 DEAD a. M 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED Baltimore City, ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Johns Hopkins Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13d. INSIDE CITY LIMITS? 16b. SOCIAL SECURITY NO. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stab Wounds of Chest & Abdomen DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IQ CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES M NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY
HOUR WEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 11: 10PM 7-24 19 86 subject was stabbed 714 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21L LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) street 2600 blk. Hudson St., Balto., Md. PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND Autopsy XX 22s I certify that Jook charge of the remains described above held on Inspection Inquiry and in my opinion Homicide XXX Undetermined monner ACTUAL 7-25-86 M. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Dennis F. SMyth, M.D. 07/84 25M **DHMH** - 17 (VR A15 ME (5))

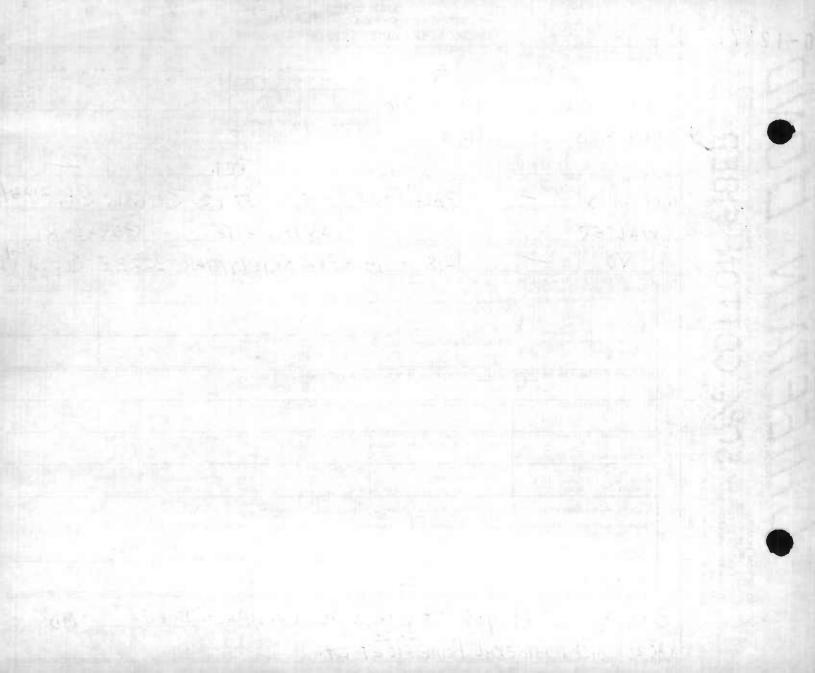
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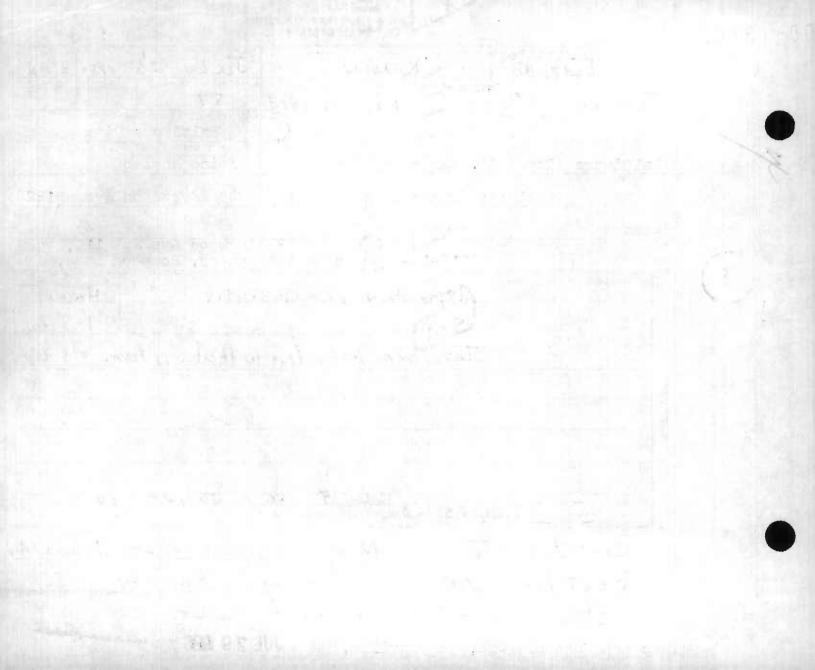
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		EXAMINER: CERTIFICAT ULD BE FOR DIRECTOR: , WITH THE MARYLAND		death resulted fram: Nati	oral causes X.	Accident], Suicidi	, Hami		ndetermined ma		, ,		
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		NOE SEE	7	EXAMINER'S NAME TATE T	liam M. Z	ano M	D		111 Don	n Ct	D-	74- N	MD.	
		TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE,	-	(TYPE OR PRINT)				ADDRESS_	lll Pen	n St.	Bo	alto.N	心 .	
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STATE OF MARYLANG FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 2n DATE OF DEATH 26 HOUR COVER CHARMAN T. SEX 5. DATE OF BIRTH AGE IMPLANTAGE METHOR # CHEST ! I STAR YEAR 2 , 11 890 LOUNTRY BALTIMORE CITY OR COUNTY OF DEATH ATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Md. U. S. A. WIDOWED DIVORCED [IR CITY OR TOWN OF DEATH 126, KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife-Cook-Goetz Rest. Raltimore Lutheran Hospita] USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTRUCTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
134. CITY OR TOWN 13. STREET ADDRESS / ZIP CODE Balto. Md. 130 CITY OR TOWN 13a. STATE 13d INSIDE CITY LIMITS? 3433 Old Frederick Rd. #21229 Balto A FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE Farber Viola John Goss 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 6917 Dogwood ARdESS - Balto., Md. (YES, NO OR UNKNOWN) #21207 Helen E.Robey 213-09-9833 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY OT espira IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a IN CERTIFYING CAUSES OF DEATH? 71 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinian death accurred an he date and had and from the causes stated saw the deceased alive an abave, (1) (we) (did) (did not view the body after Beath. 226 SIGNATURE DEGRE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 226 ADDRESS P # 230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION Balto. Burial STATE July 28,1986 Loudon Park Cem 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 SCHWAB (VRA 15, 4)

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r Item	CAL	OR CONTRIBUTING CAUSE OF DEA	111	19				
. 0	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	DEFICE FARM FTC	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
orked	~	AT WORK NOT WHILE AT WORK						
E		22a.1 certify that +++ (this haspit		E/		_ to July 25		that (We) last
n 21	190	saw the deceased alive on, above, (I) (wel (did) (di d no	view the bady after death.			death occurred on the date and h		
Dept f Her		226. SIGNATURE	m +	D	EGREE ATTENDING	MEDICAL STAFF	22c. DATE	SIGNED
Z Z		Deut J.	Morlo	\sim	PHYSICIAN [DIRECTOR PHYSICIAN	Jul	426,1986
with the State I		22d. PHYSICIAN'S NAME (TYPE OF	10		22e ADDRESS	- 11		
N. T.	20.	DERTF	MIORTON		JT, HG	Nes Hospiz	TH	
	23a B	URIAL, CREMATION, REMOVAL	07-28-86		n Cemetery	Baltimore C	T +COUNTY T	MD STATE
	24 FI	Burial INERAL DIRECTOR	107-20-00	Mescel				
OM 1/81 , 4)		cNabb Funera	HOMO COA	ON CITE 1	o MD	IL 29 1986 Strain	Dan don	Colors
	IMIG	.chabb Funera.	r nome, cat	OTTOATT	e, MID	- B 0 1300 /		



FOR DEPARTMEN

- STATE
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

86 19619

		Ronald	Calvi		uykendall	4.05	1	5 386	9:37PM
3. SE:	Male	4 RACE Whi	te	S. DATE C		6. AGE (IN YEARS LAST BIR		MONTHS DAYS	HOURS MI
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	DE NEVER MARRIED	9 BALTIMORE CITY C Baltim			,
10 C	Baltimore	FIF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET Baltimore	ADDRESS)	pital	17a USUAL OCCUPAT (1YPE OF WORK FOR MOSTO Engineer O	OF WORKING LIF	EI INDUSTRY	tructio
13a. S	STATE aryland	OUNTY A.A.	GIVE RESIDENCE BEFORE 131. CITY OR TOW Baltimor	/N		915 Victo	ZIP CODE	enue 2	1225
H. F.	ATHER'S NAME Reneox	WIDDLE	Kuykenda	all	IS. MOTHER'S MAIDEN NA	MIDDLE		lAS	See
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE	ARMED FORCES?	235-32-6		Doris A. Kuj	kendall S			
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one cause per USED BY: DIATE CAUSE (0)	line for (a), (b), on	ma	Hug my	acudios	0	-	MATE INTERVAL ONSET AND DEAT
	Conditions, if any, which gove rise to immediate								
NO	couse (a), stating this underlying couse last PART 2 OTHER SIGNIFICA	(c)	R AS A CONSEOU	3,22,3	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIV	VEN IN PART 10	0'
TIFICATION	underlying couse last	NT CONDITIONS CO	ontributing to	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YE	S, WERE FINDING CAUSES	NGS USED
EDICAL CERTIFICATION	PART 2 OTHER SIGNIFICA	I9b COND I9b COND I9b COND A DEATH HOUR A MINER) Place	ONTRIBUTING TO J ITION FOR WHICH OF INJURY M. MONTH D. M. OF INJURY	DEATH BUT FORERATION AY YEAR		200 AUTOPSY?	20b. IF YE IN CERTII YI JRY IN ITEM 18	S, WERE FINDING CAUSES	NGS USED OF DEATH?
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	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING AND CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OF CONTRIBU	I 9b. COND I 9b.	ONTRIBUTING TO J	OPERATIO AY YEAR 19 FARM ETC 1	21c HOW INJURY OCCURI 211 LOCATION STREET , 19 and that in (my) (our) opinion of the company of	200 AUTOPSY? YES NO NO NOTE: CITY OF IC.	20b. IF YE IN CERTII YI Y	S, WERE FINDING CAUSES ES DART 1 OR PART ?) COUNTY 27c. DATE	NGS USED OF DEATH? NO STATE that (1) (we) laccouses stated
	PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEFER NOTHER MEDICAL EXAMINE AT WORK 21d. INJURY OCCURRED WHITE NOTWHITE AT WORK 22a I certify that (I) (this is sow the deceosed ally obove, (I) (we) (did) (did)	IPE CONDITIONS CONDITI	ONTRIBUTING TO JUST THE PROPERTY OFFICE, Pactory, office, poter death.	OPERATIO AY YEAR 19 FARM ETC 1	21c HOW INJURY OCCURI 211 LOCATION STREET 19 nd that in (my) (our) opinion of the company of th	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUNE CITY OR IC AND ICAL STA	20b. IF YE IN CERTIL Y! JRY IN ITEM 18 DWN Lote and hou	S, WERE FINDING CAUSES SO COUNTY COUNTY Jun and from the July	NGS USED OF DEATH? NO STATE that (I) (we) le couses stated SIGNED Y 7, 19

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20. DATE OF DEATH MONTH DECEASED NAME FIRST 2h HOUR LIVEE OR PRINTS GEORGE M. LACEWELL 24 86 0:00A M 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF LINDER 24 HR 3. SEX MONTH YEAR Male 5 39 47 YRS Negro 70. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina U.S.A. Baltimore city WIDOWED II. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY 414 S. Monroe Street Baltimore Asst. Manager Laundemat MOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 113b COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore 414 S. Monroe Street Maryland YES TX NO [4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST Aire Lacewell Leavy Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) YES Vietnam 240-64-2469 Nancy C. Lacewell 414 S. Monroe St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line form), (b), and ici. I PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENT Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINERS PM 19 21d IN JURY OCCURRED 21L LOCATION 21e PLACE OF INJURY COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN NOT WHILE AT WORK 22a I certify that (1) othis hospital) attended the deceased from sow the deceased alive on above. (b) (we) (did) (did not) view the body after death and that in (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MD 22e ADDRESS 22d. PHYSIGIAN'S NAME (TYPE OR PRINT) MIRANDA, 1010 St. Paul Street

23c. NAME OF CEMETERY OR CREMATORY

Glen Haven Cemeterv

21229

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

0

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

23b. DATE

7/28/86

Maranda 23a. BURIAL CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Buria]

25a. DATE REC'D

23d LOCATION

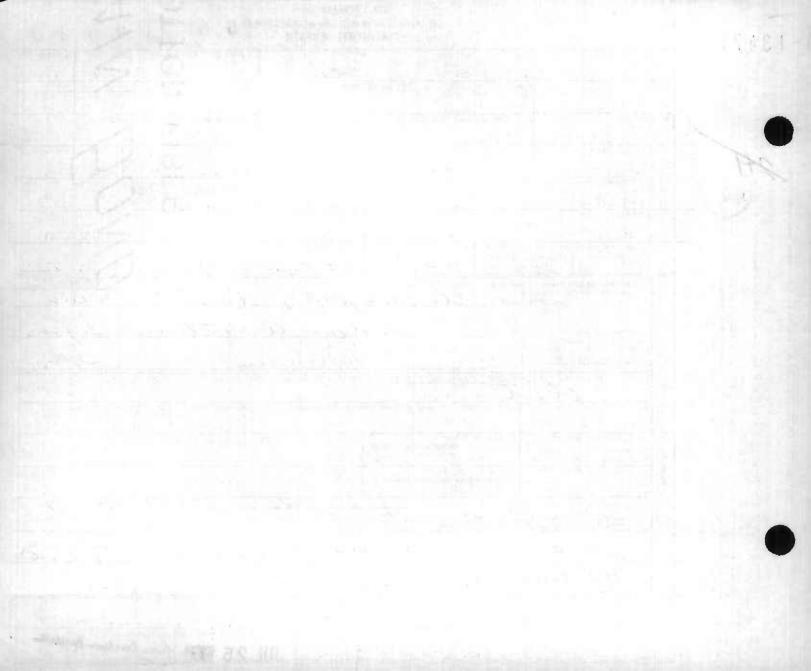
CITY OR TOWN

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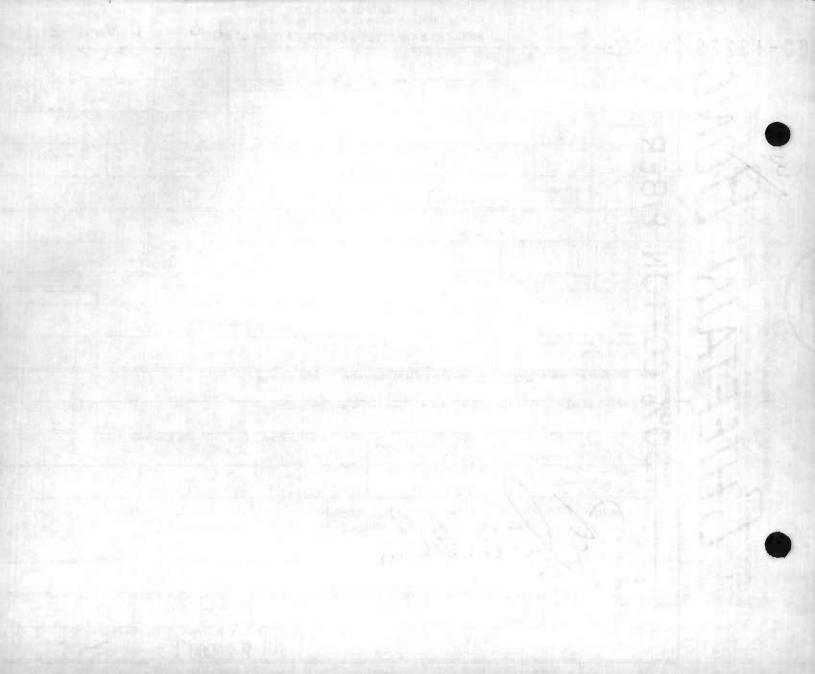
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Maryland

1st. floor



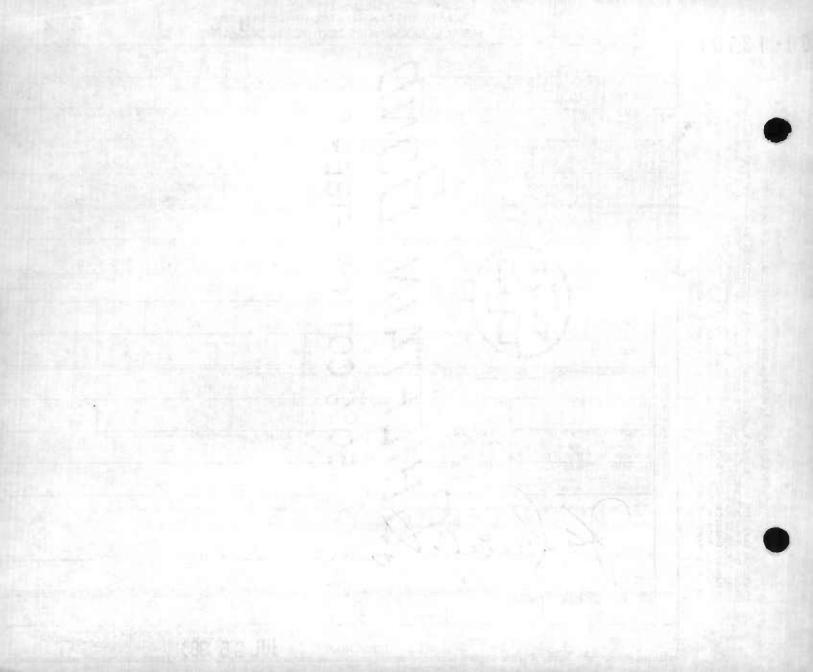
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00-1	3229	1. DEC	CEASED NAME	FIRST		MIDDLE			LAST		20. DATE KNOWN		DAY	YEAR 25 HOUR	
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	TREE	3 SEX		4. RACE	5. DATE OF BIRTH		6 AGE (IN YE	ARS IF UN	DER I YR. IF U	UNDER 24 HRS		HINOM	DAY	YEAR 2d. HOUR	
	NECESSARY, PLEASE FUNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS. PRESTON STREET,	ma	ale	black	8 21	1955	30 Y	RS. MONTH	S DAYS HO	DURS MIN	PRONOUNCED DEAD	7	19 19	986 12:4	
	RAL RAL	7a. BII	RTHPLACE (ST	ATE OR	76. CITIZEN OF W	HAT COL	INTRY?	8 MARRI	ED NEVER	MARRIED X	9. BALTIMORE CIT	TY OR COUN			
	DANC PA	34	Ja	maica	B W	I		WIDOW		NORCED [Baltimo	re Cit	У	ME	,
2		10 CI	TY OR TOWN	OF DE ATH	11. NAME OF HO		URSING HOM	E, OR OTH	ER INSTITUTIO	N 120 U	SUAL OCCUPATION 8 MOST OF WORKING (IFE)	(TYPE OF WORK		OF BUSINESS NDUSTRY	
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BALTIMORE, MD. 2120			Aston		MIDDLE G.		Lamb		15 MOTHER'S 011	MAIDEN NAM	MIDDLE		Gree	en	
WO	B4000			DEVER IN U.S. ARA	MED FORCES?		OCIAL SECURIT		17. INFORMAN	NT	b 3314 Rog	RESS			
ALTI	PAGE SAME		es, no, or unkno	14 123, 5112	WAR OR DAILEY	218	-76-944	1	Olive	G. Lam	b 3314"Rog	gers Av	venue		
1	S a ×	1	18 CAUSE O	F DEATH (Enter and ATH WAS CAUSED	S RV								APPR BETWEE	POXIMATE INTERVAL EN ONSET AND DEATH	
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W. PRESTON ST.,	HOULD BE EXECUTED WITHING TO "PENDING" IN PENCIL IN 1987 WASHOLD IN EXAMINER OF HEALTH AND MENTAL HYDRIAL, CREMATION, OR REWITHING THE TO THE TOP TO THE TO THE TOP T		Candition	ns, if any, which	DUE TO, O	R AS A CO	DNSEQUENCE	OF					115		
× ×	WITH NINE IRAN		gave ris	e to immediate stating the under-	(b)	AS A CC	ONSEQUENCE	0.5					-		
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	GG" I G" I G" I BURI AND ATIO	5	PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO OFATH	BUT NOT RE	LATEO TO THE TERM	LINAL OISEASE	OR CONDITION BIV	/FN IN PART L (g)					- 1
RECORDS	SA INTH	NO	1.00												
	ED A HEA	CERTIFICATION	190. DATE OF	OPERATION	196 COND	ITION FO	R WHICH OPER	ATION W	AS PERFORMED	D?			20 AU1	TOPSY?	
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DIVISION OF VITAL				CAUSE WAS	21b. TIME C	E INJURY	H DAY YEA	21c HC	OW INJURY OC	CURRED (ENTE	R NATURE OF INJURY IN ITE.	M 18 PART 1 OR PA	ART 2)		
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N N	CER DED DED DEP	MED	214 INJURY C	NOT WHILE		OF INJUR	RY (AT HOME,	S	CATION		CITY OR TOWN		YIMUC	STATE	
0	WR WR WR WARI		AT WORK	AT WORK	/ apt	. hc	use			land Av	e,Baltimo	re		MD.	
	L EXAMINER: 1 E CERTIFICATE, DULD BE FORV L DIRECTOR: F H, WITH THE SI MARYLAND, 3		27a Mertif	y at Jook char	af the remains de	scribed of	bove, helden	Autop		spection .	Inquiry .	and in my a	pinian		
	EXAMINER: CERTIFICATION DID BE FOR DIRECTOR: WARTHATHE		death esulte	raffer Nefren	couses .	Acciden	A LA Su	icide 🔲	Hamicide		etermined manner	_],			
	CERTION OULD FORE		ACTUAL X	HX	Mil	VI	0		TITLE (SPEC	_		DATE	7/	100/06	
	ZHE SEE		SIGNATURE	THX			7	M.	.o. <u>Chi.e</u>	LME	DICAL EXAMINER	SIGN	ED//	20/86	
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL E AFTER DEATH, BALTIMORE, M	0	EXAMINER'S	NAME Joh	m E. Smi	alek,	M.D.		ADDRESS	111 E	Penn St.	Balto,	MD.		
	PASSES —	230.BL		TION, REMOVAL 2	3b DATE	230	NAME OF CE			23d	OCATION			CTATE	-
07/84	BP	12	Buri		7/26/ 86		Woodlaw	n Cen	netery	B	alto	Co	YTML C	st Are Md	
25M	DHMH - 17		NERAL DIREC		ADDRES	Saa				DATE REC'D.	SY REGISTRAR 256 R				
	(VR A15 ME (5))	Mai	rch Fun	eral Home	e West 43	00	Wabash	Avenu	ie ,	JUL 24	1 THE TWO	ha Davido	man flow	10-000	



STATE OF MARYLAND - STATE REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN LIYPE OR PRINT OF E 5 FOR YOUR FILES.

D, WITHIN 72 HOURS

W. PRESTON STREET, DEATH MATED Yvonne Lamb 19 19 86 4 RACE IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 12:45 female black 1986 1957 DEAD 29 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED X Jamaica Baltimore City 3. RETAIN PAGE 5 SHOULD BE FILED, V I CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Unemployed Baltimore 3503 Woodland Avenue 21215 3314 W. Rogers Avenue 130. STATE Baltimore 13b COUNTY 13d INSIDE CITY LIMITS? A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE G. Olive Lamb Aston Green 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 14h SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) I LIF YES GIVE WAR OR DATEST No Aston G. Lamb 3314 W. Rogers Avenue 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN POWE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER A TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL-TRANS] AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL IN BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REA Canditians, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOURS MONTH DAY UNDERLYING XOR Found shot CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. ZII. LOCATION STREET, FACTORY, FARM, ETC. I STATE NOT WHILE apt. house 3503 Woodland Ave, Baltimore MD. AT WORK Undetermined manner TITLE (SPECIFY) ACTUAL 7/20/86 Chief MEDICAL EXAMINER SIGNATURE John E. Smialek, M.D. PennSt. Balto., MD 230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION Balto COUNTY STATE Burial 7/26/86 Woodlawn Cemetery MD 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR March Funeral Home West 4300 Wabash Avenue DHMH - 17 (VR A15 ME (5))



00-	1409	7		FOR STATE REGISTRAR			CERTIFIC	OF MARYLA ALTH AND M CATE OF DI	NENT AL HYG	REG N	86	196	33
	y 25	65.4		CEASED NAME FIRST GEOR	MIDDLE		MOTTE			JULY 30, 1	986	2.0	4:30A
	oy b		3. SEX		RGE B.	, LA	5. DATE OF			6. AGE (IN YEARS LAST BIRT			UNDER 24 HRS
	ge 4 n	1		Male	Cauc.		MONTH	°6	1923	63	YRS.		OURS MIN.
	North Po	1	7a. BIR	OUNTPA.	76 CITIZEN OF WHA	T COUNTRY?	MARRIED WIDOWED	NEVER M	ARRIED ORCED	BALTIMORE CITY O	-	OF DEATH	MD.
ok	5	3		LTIMORE	11. NAME OF HOSE (IF NOT IN SUCH FAC THE JO	PITAL, NURSING ILITY, GIVE STREET A HNS HOP				(TYPE OF WORK FOR MOST OF		126. KIND OF B	USINESS OR
ANDARY	filled in	76	13a S	RESIDENCE (IF NURSING HOME 13) COL	OR OTHER INSTITUTION GIVE I UNTY 136.	CITY OR TOWN	1		NO 🗌	13; SIRFFT ADDRESS (4	, Pa. 7402
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ST. BALT	reficate la physicio on papers	event. the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS IMMEDI	anly one couse per line SED BY: IATE CAUSE (a)	farial, (b), and Respira	utory	Failyr	e				TE INTERVAL SET AND DEATH
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W. PR	bot the try the total cramo	r other to		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS	a conseque	NCE OF					7/3	20/86
RDS, 20	equies rigned Ther ple	allony, o	NOI	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTR	RIBUTING TO D	EATH BUT N	OT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 11a	
AL RECO	he law o	2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	N / A	OPERATION	WAS PERFOR	RMED	200 AUTOPSY?		WERE FINDING ING CAUSES OF	
OF VITA	CIAN T physics ertificate al-monsi	9	AL CER	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF E		MONTH DA	YEAR	21c HOW INJ	N/A	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	RT 1 OR PART 2)	
VISION	C PHYS mending er this or	1	MEDIC	21d INJURY OCCURRED N	21e PLACE OF IN	ACTORY, OFFICE FA	Y/A	211 LOCATIO STREET	N/A	CITY OR TO	WN	COUNTY	STATE
D	TENDIN ital or 1 TOR Att	21 is mar		220 I certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did	11/2.		0/	(In that in (my) (, 19_86 aur) apinian	, ta, ta		tho	t (I) (we) last
0	A OR AT	If her		22b. SIGNATURE	6-11	r death.		EGREE MD AT	TTENDING -	MEDICAL STAF	F IAN D	22c. DATE SIG	30/86
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10	DHMH - 10 60/	N 7/84		INERAL DIRECTOR		ADDRESS	Baltim	ore,N	10 250. DAT	UL 3 1 198	Sh. REGISTR	AR'S SIGNATUR	eardelle
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Su 32-1 5 7 1-10-5 Yor . .. 1111 . 30 h. 1 + 11700 Y Caphae E. La Motta c. You 2 11 - 6 5 CF2 7 14 1 157 Descript F. H. 1111 E. Narrot Et. CE 7 - 1 E'A uril Hann W. Jensins asons 48.5 York Hd.

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NO E	o Po	-	3. SE.	X	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	ERTYEAR IF UNDER 24 HRS
	M al	30		MALE		BLACK	2	08 1916	70	YRS	DAYS HOURS MIN.
3	100	16		RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	76 CITIZEN OF	S. A.	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O		
- 2	(A	110	_	TY OR TOWN OF DEATH	11. NAME OF		NG HOME C	OR OTHER INSTITUTION			KIND OF BUSINESS OR DUSTRY Dept.
201	1	1210		Baltimore	Maryl	and Gener	al Hos	spital	Ret. Couns		otor Vehicle
AND 21	Alled in	105	130. 9	AL RESIDENCE (IF NURSING MOME STATE 13b. CO MARYLAND		BALTIMOF	VN	13d INSIDE CITY LIMITS?	Baltimore,		7 Hanlon Ave d 21216
A PA	2 na	200	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE		LAST
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IMORE to execu	Popes	/wedoo		VAS DECEASED EVER IN U.S. / YES, NO OR UNKNOWN) (IF YES, (ARMED FORCES? GIVE WAR OR DATES)	215-16-		IT INFORMANT Edward V. Sto		Monroe ore, Mary	Street yland 21217
BAL Surfa	phico open	4		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse po	er line for (a , (b), ar	nd (c				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
and a	de by				ATE CAUSE (0)_	Respirato	ry ta	lure/ Cardia	c arrest		
orth bath	tendire e car	umatic.		Conditions if you which	DUE TO,	ORAS A CONSEQU	ENCE OF				
PR P	he at	er trac		Conditions, if any, which gave rise to immediate couse (a), stating the	(b)_		ENICE DE				
. Khot	by to	ath		underlying cause last	10)	Amytroph	ic Tat	ceral scleros	is		
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r RECOI	n. has beer permit.	ws any	CERTIFICATION	19a DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
Z Z	ysicio cate l ansit	8 sho	CERT	21a ACCIDENT WAS UNDERLYING	110110	OF INJURY A.M. MONTH D	AV VEAD	21c HOW INJURY OCCUR	120 []		
OF SICIA	ertification	te 9	₹ S	OR CONTRIBUTING CAUSE OF (PENIN	P.M.	19				
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FNDI	pital ar TOR A for use	21 is mo		22a I certify that (X)(this has saw the deceased alive above, (X)(yg) (did) (XX)	prital) attended to July 3	the deceased from 181	July 3	nd that in XX (our) opinion	death accurred on the de	19_8 ote and hour and f	6 , that X (we) lost rom the causes stated
5	e has	f tem		226. SIGNATURE	-/ >	/	n	DEGREE ATTENDING	MEDICAL STAI		DATE SIGNED
TAL	By th	ž-	1	22d PHYSICIAN'S NAME OF	12 ×	egen	011	PHYSICIAN [MEDICAL STAI		1/31/86
HOSP	FUNE	PORTA			1	MD					
0	of Constant	₹ √	23a E	Christopher SURIAL, CREMATION, REMOVA			NAME OF C	c/o Marylar	nd General	Hospital	
	BP 10			Burial	8/6/	/1986 A1	butus	Memorial Par	ck CITY OR TOWN	Baltimore	e, Maryland
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STATE OF MARYLAND

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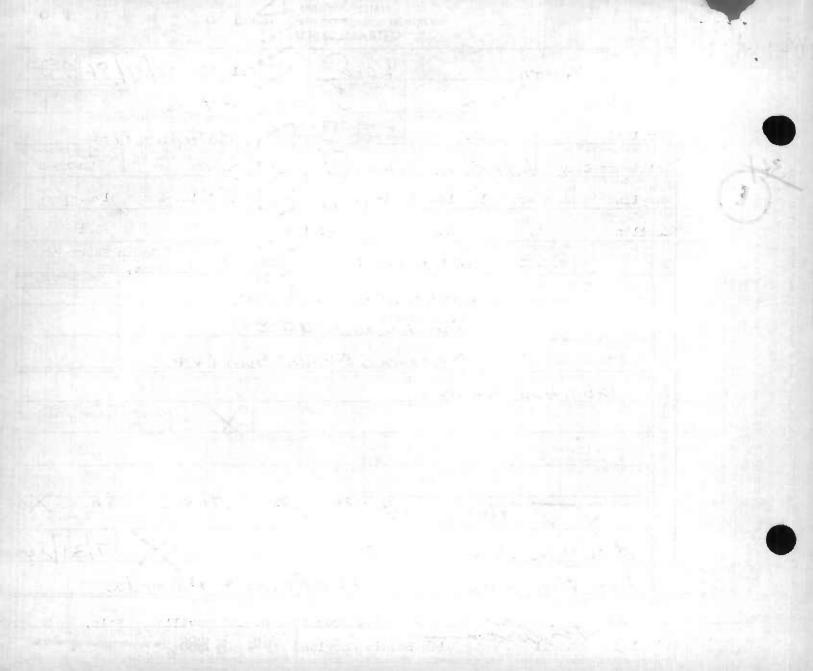
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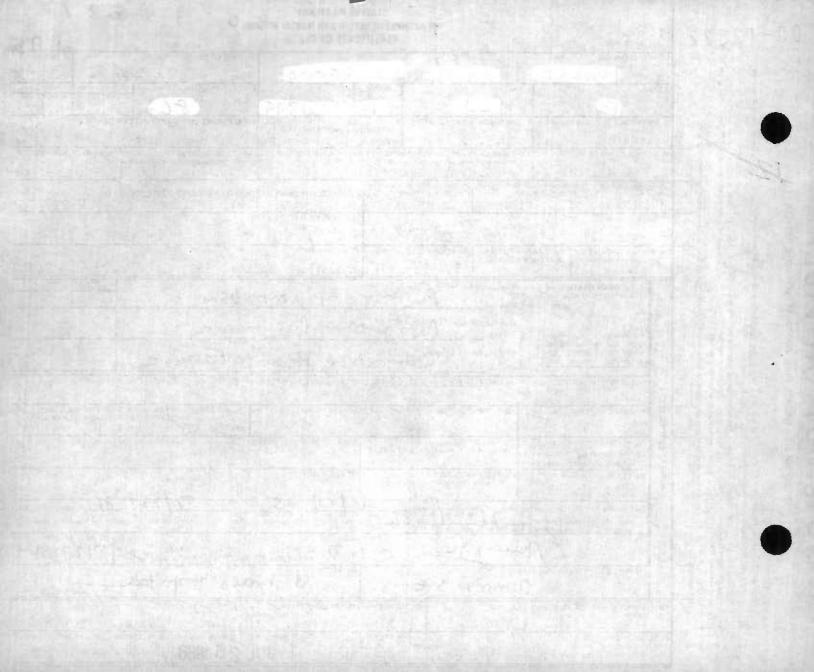
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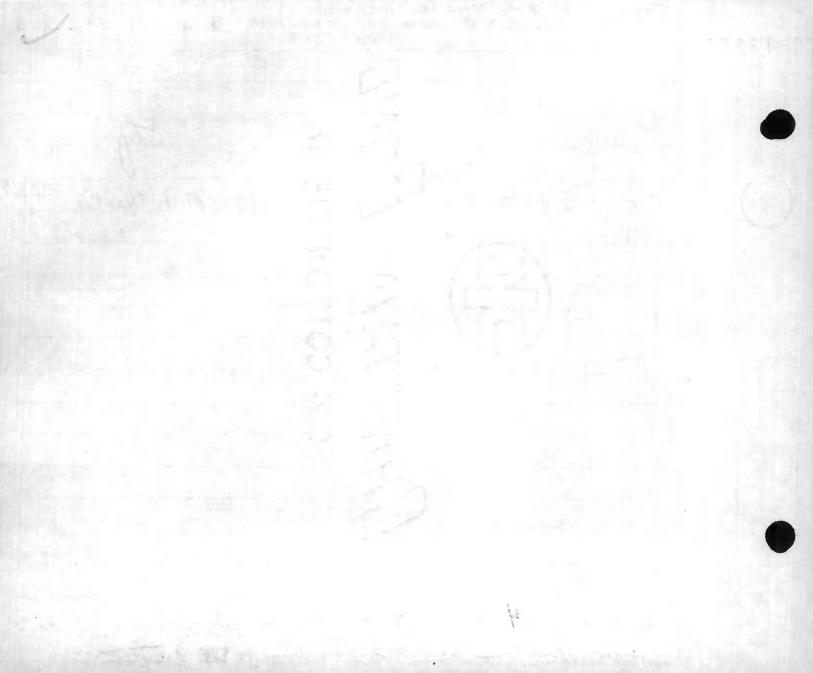
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7	USUA	L RESIDENCE (IF NURS	NG HOME OR OTHE	ER INSTITUTION,	GIVE RESIDENCE B	EFORE ADMISSION)		7.7.4		•		
(1) (2)		ryland	Anne ar		Glen	Burnie	J		3e STREET ADDRESS 7166 Balt	-Annar	Blvd.	21061
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IVISION OF VITAL RECORDS, 201 W. PRESTON SI C PHYSICIAN: The low requires that the death cert offending physician. In this certificate has been signed by the attending is the burial-transit permit. Then please remove carbon and Mental Hygiene prior to burial, cremation, or res riked or them 18 shows any injury, or other traumatic ei-		gove rise to imm couse (a), stating	ediote	0)	- 40		DIAZZ -					
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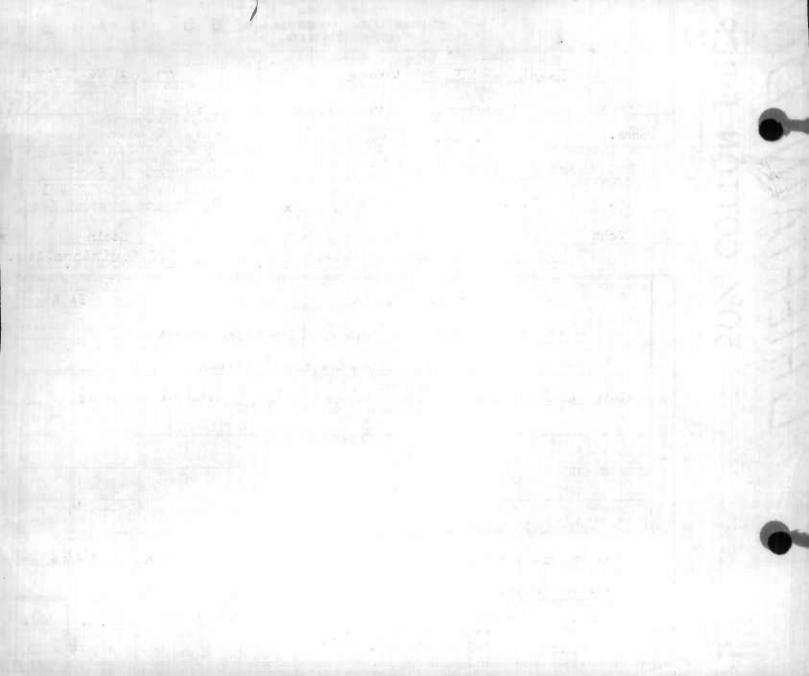
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moy er de	3. SEX	4. RACE	5 DATE OF BIRTH		FUNDER LYEAR IF UNDER 24 HRS
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8 39 00	70. BIRTHPLACE (STATE OF FOREIG	N 76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
1 HALD	Virginia	U.S.A.	WIDOWED TO DIVORCED	Baltimore city	MD.
12 40	Baltimore	11. NAME OF HOSPITAL, NUI		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) ASST. Dietician	126 KIND OF BUSINESS OR INDUSTRY Hosp. Cafetier:
LAND 21	13a. STATE 13W	Me or other institution, give residence by COUNTY 134 CITY OR TO Baltimore Lansd	OWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 3315 Ryerson Cir	cle 21227
BALTIMORE, MARYLA ote be executed within ysician and completely to ppers. Poges, and 2 sh vol. t, the medical examiner	Samuel		amood Nettie	Nan	Jordon
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PRDS, 201 W. PRESTON ST. requires that the death certification is signed by the attending p. Then please remave carban, ar ta burial, crematian, or remijury, ar other traumatic even	Conditions, if any, whi gove rise to immedic cause (a), stating t underlying cause la	DUE TO, OR AS A CONSE the DUE TO, OR AS A CONSE the DUE TO, OR AS A CONSE to To, OR AS A CONSE	Muse of hon Preu	MINAL DISEASE OR CONDITION GIVE	
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by the horse ERAL DIRECT CONTROL OF The Horse Control		muyous	M D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/2486
HOSI ouned D FUN nould b	22d. PHYSICIAN'S NAME	Jimmy Su		mes thosp tal	
	23a BURIAL, CREMATION, REM		23c NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	Burial	7/26/86	Meadowridge Mem. Pa		
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Hubbard Funera	al Home, Inc. 410	21229	JL 23 1986	ear's signature



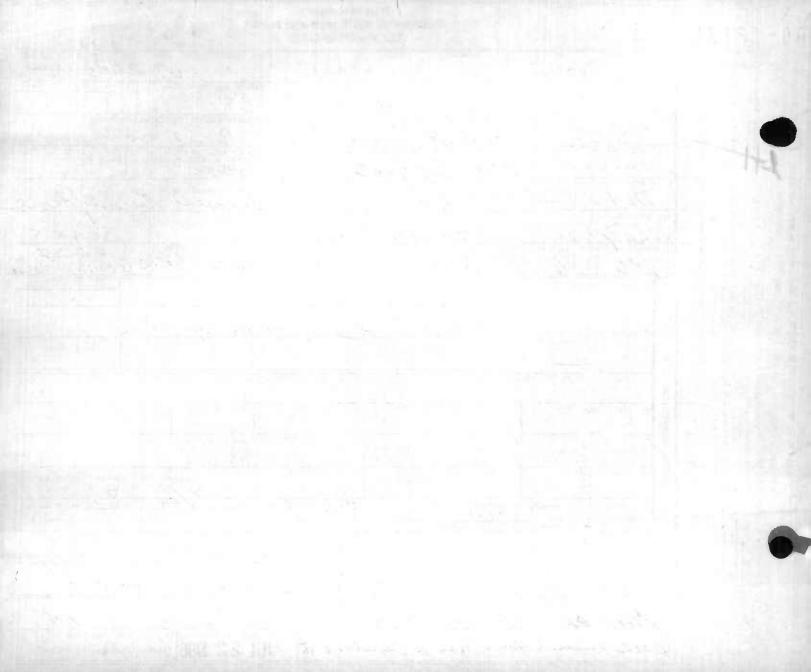
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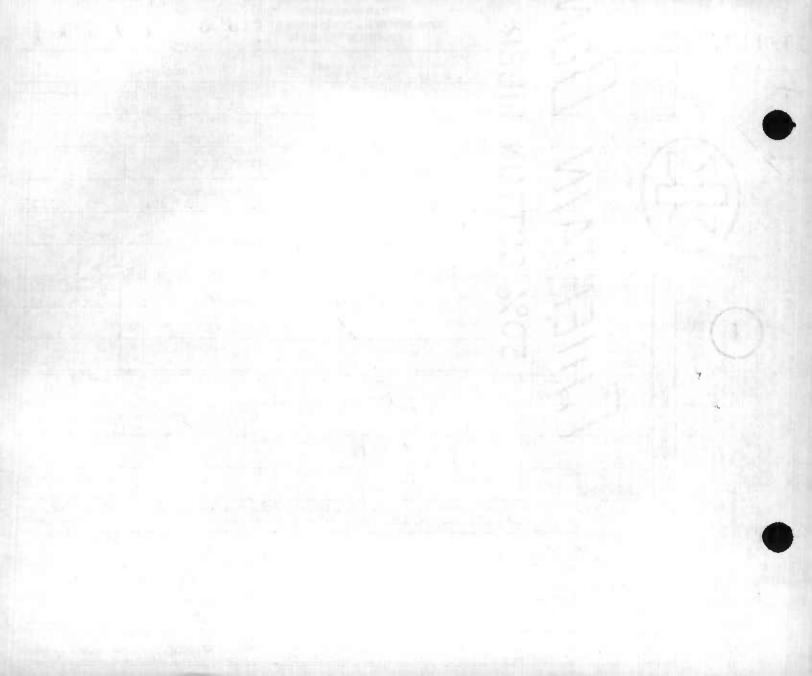


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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH YEAR FIRST TYPE OR PRINTS 0 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SFX DAYS HOURS YRS LE BIRTHPLACE THAT DEFOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED COUNTRY WIDOWED DIVORCED III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR MOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY STALL RESIDENCE A SING HOME OF OTHER INSTITUTION He STAT 136 COUNTY 1368TREET ADDRESS- ZIP CODE 13d. INSIDE CITY LIMITS? NO T IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ORGANIC Canditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 28e. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC } STREET HOS WHILE AT WEIN 41 WORK 22a.1 certify that (1) (this thoughtal) attended the deceased from saw the deceased olive on. , and that in (my) (ouc) opinion death occurred an the date and hour and fram the causes stated abave, (1) (aid) (did not) view the bady after death 22b. SIGNATURE DEGREE 17r. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME 77+ ADDRESS 芸書 580 73s BUILDA 731 NAME OF CEMETERY OR CREMATORY CREMATION REMOVAL 23h DAL DATE REC'D. BY REGISTRANTS BEGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4)





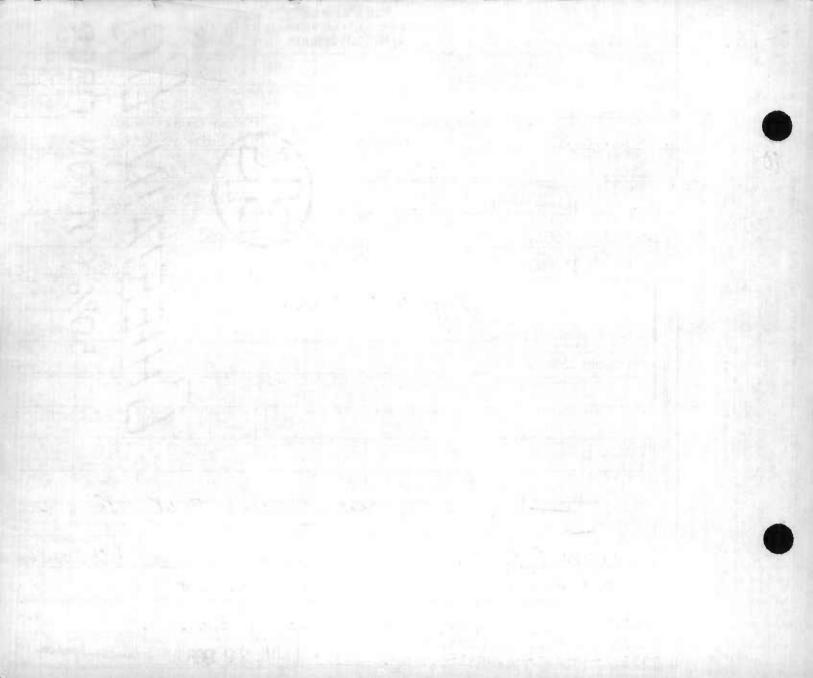
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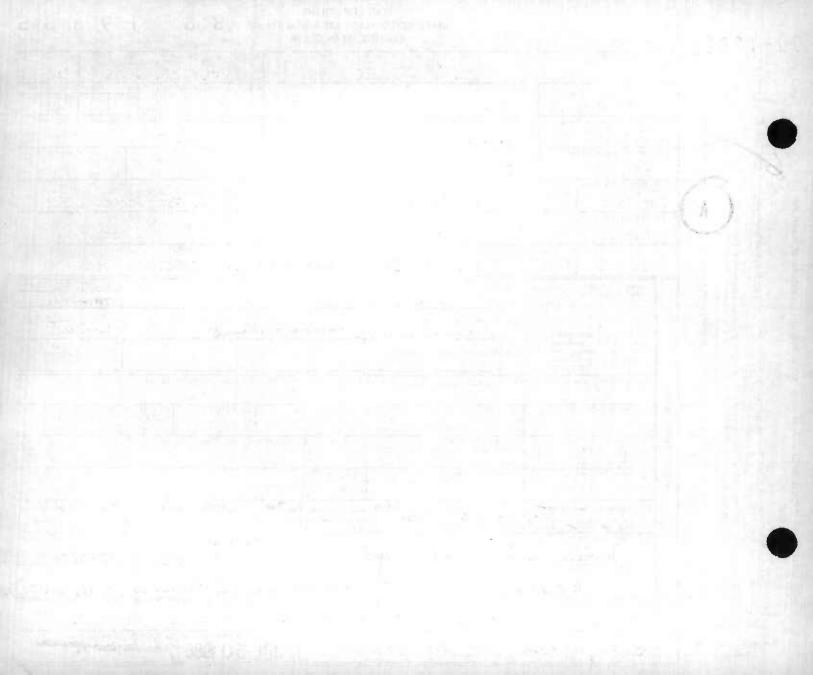
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1 2	3	3	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INST	ITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND C	OF BUSINESS OR
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8 1	No be			18 CAUSE OF DEATH (Enter of	only one couse per						APPROX BETWEEN	ONSET AND DEATH
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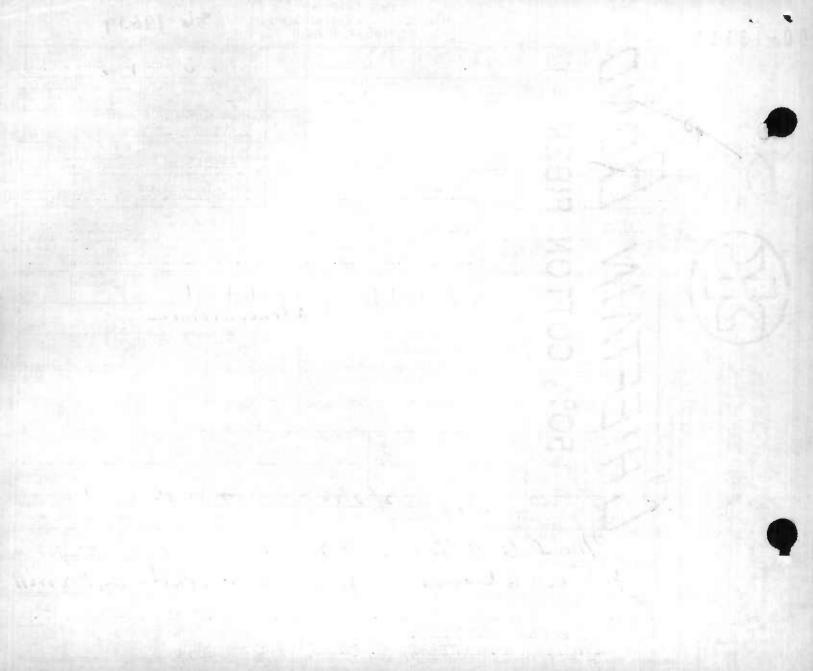
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ay be age 3 death	1. DECEASED NAME HERT (TYPE OR PRINT)	LEO NARD	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR P
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ampletely on 2 si	Charles Owens	IS. MOTHER'S MAIDEN NO. Ella Grace (Welsh KAST
be executed and or Pages	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 17. INFORMANT Kennard Leon	nard 1328 Maple Ave. 21227
RDS, 201 W. PRESTON S equires that the death cer is signed by the attend then please remove (the to burial, cremation erry injury, or ather traum vic	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b)	R AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM ONTRIBUTING TO THE TERM	4 years MINAL DISEASE OR CONDITION GIVEN IN PART 10
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NG PHYSICIAN: The law requirentending physician. After this certificate has been signs as the burial-transit permit. They though Amental Hygiene prior to backed or frem 18 shows any injur	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE		CITY OR TOWN COUNTY STATE
AL OR ATTEND the hospital or AL DIRECTOR: A terached for use the Dept. of Heal		ofter death. 19 86 , and that in (my) (aux) opinion DEGREE	, to
TO HOSPIT, etained by TO FUNER, should be diwith the Stolement of the Stol	MANUEL LEVIN		GTS AUE BALTO MO 21213
BP	230. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) 7/8/8	The state of the s	Catonsville, Baltimore, Maryland
DHMH-16 30M 2/80 (VRA 15, 4)	24. FUNERAL DIRECTOR NAME Ambrose, Inc. 1328, Sulphur	ADDRESS	JUL 9 1988 RECISTRANT SECULATION

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST I. DECEASED NAME FIRST 2n DATE OF DEATH 2h HOUR LIVPE OR PRINTI S. TIMOTHY JULY 4, 1986 LEONARD 12:15 pm 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 3. SEX MONTH DAYS 1969 Male White To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY Pennsvlvania DIVORCED WIDOWED 0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY THE JOHNS HOPKINS HOSPITAL BALTIMORE Student Education USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE Pennsylvania Westmoreland Greensburg NO X ILEATHER'S NAME 15 MOTHER'S MAIDEN NAME ALIDORE MIDDLE Larry Leonard Anita Cremonese 166 SOCIAL SECURITY NO ADDRESS MI WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 190-60-3642 NO Larry Leonard 216CraigDrive Greensburg Pa APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Respirator Min IMMEDIATE CAUSE (o). PRESTON ST. Conditions, if ony, which gove rise to immediate couse (o), stating Bare Marrow Transplant for Acute Myclogurous Chukemia 45 Days underlying couse Introvascular Cocculation, Acuta Tubular Necrosis, henolys. 5 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO I 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC | NOT WHILE 22a.1 certify that (I (this hospital) attended the deceased from sow the deceased glive on obove (1) (we) (did) (did not) view the body after death .19_____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN PORTANT: should be owith the Sto 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 0 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 7-8-86 Entombment GreensburgCatholic Mau Hempfield Westmoreland. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 ADDRESS Upperco, Md. Marzullo Funeral Service (VRA 15, 4) Tornbane Mondell

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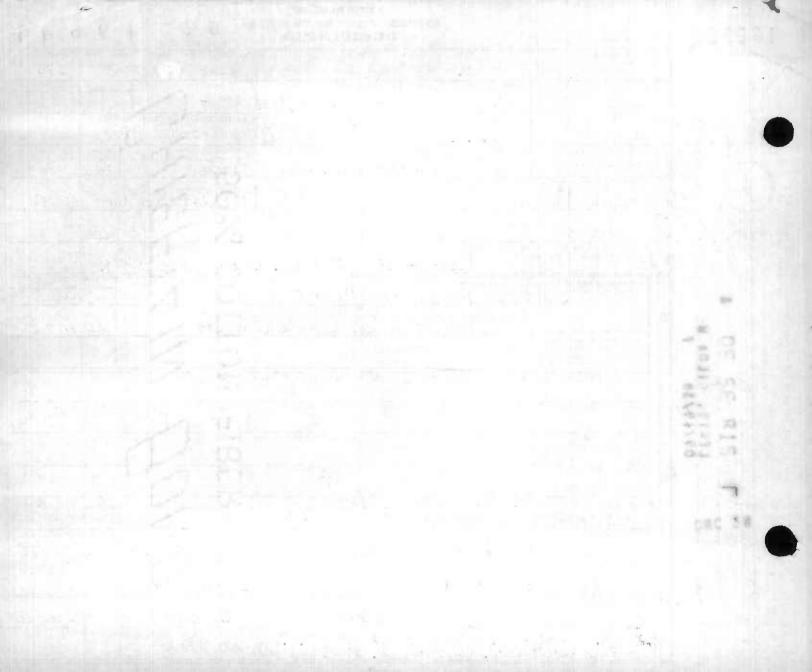
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME % DATE OF DEATH (TYPE OR PRINT) SUNDAY, JULY 20,1985 HARRY W. LERNER 4:30AM 4 RACE SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MT2/21/03 YEAR MALE WHITE 82 ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED RUSSTA USA BALTIMORE CITY DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR REAL ESTATE PROPRIETOR HOSPITAL BALTIMORE SINAI 13° 3016° FALLSTAFF RD APT. D(21209) 13b COUNTY 13d INSIDE CITY LIMITS? MARY LAND BALTIMORE YES AT 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE AARON LERNER RUBENSTEIN TESSA APT. D (21209) 16b SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR NOWN) LIE YES GIVE WAR OR DATEST 216-36-6671 MRS. FLORENCE R. LERNER 3016 FALLSTAFF RD. 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and c PART I, DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX NO F 216. TIME OF INJURY 716. ACCIDENT WAS UNDERLYING 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME STREET FACTORY OFFICE FARM, ETC.) NOT WHILE (10.1 certify that (1) (this haspital) attended the decreased from (3) sow the deceased alive on, , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did nat) view the body after death 226 SIGNATUI 22c DATE SIGNED PATTENDING 7/20/86 PHYSICIAN POIRECTOR PHYSICIAN MPORTAN ith the St 22e ADDRESS 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE BALTIMORE, BALTIMORE, MD. BURIAL 7/21/86 OHR KNESSETH ISRAEL 24 FUNERAL DIRECTOR SOL LEVINSON & BROS. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 JUL 25 6010 REISTERSTOWN RD. BALTIMORE, MD. (21215) (VRA 15, 4)

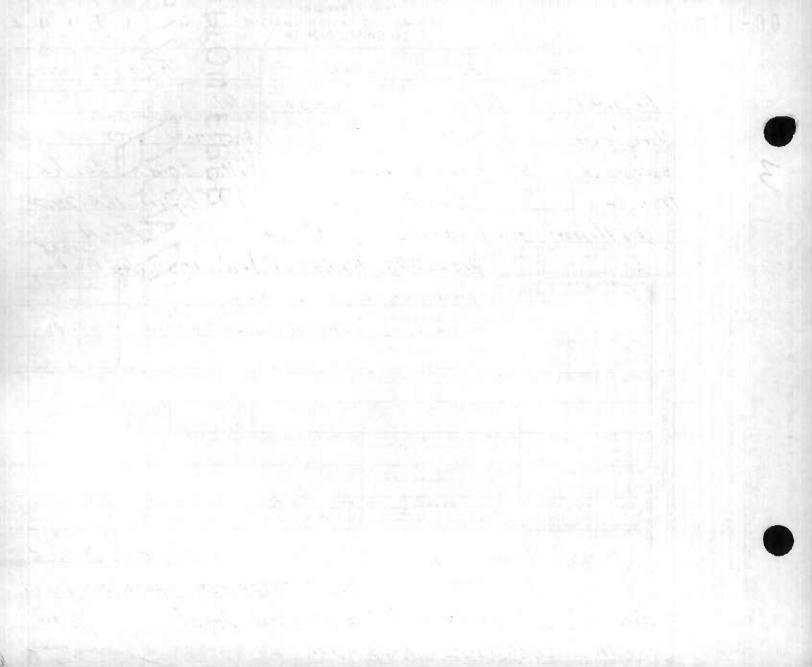


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14	550)	Walter					sinski		Josephine						Kyrl	kowsk	i		
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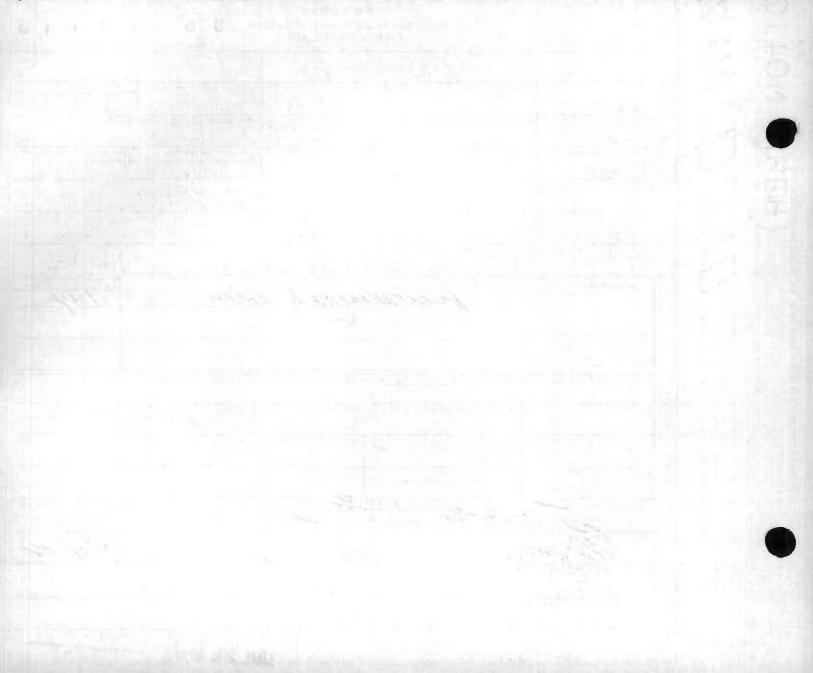
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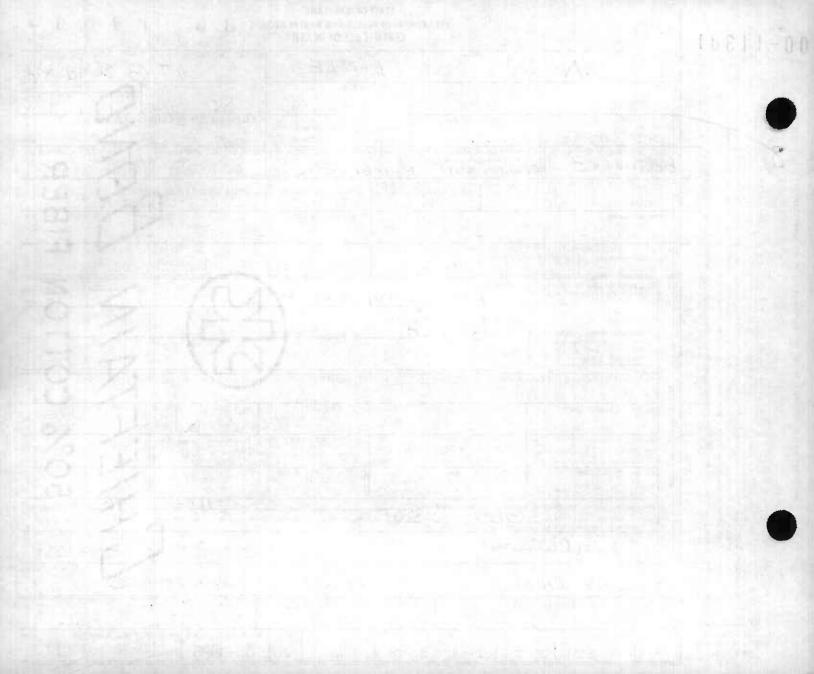
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	-	2 hou	57		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNT	RY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
	1	un 7	0)		ryland		S.A.	WIDOW	DIVORCED	Baltimor				MD.
1	1	he fi	P	10 CI	TY OR TOWN OF DEATH	11. NAME OF (IF NOT IN SU	HOSPITAL, NU CH FACILITY, GIVE ST	RSING HOME (TREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATE		12b. KIND C	OF BUSINESS (OR
010	8	by t	6		altimore	1920 G	riffis	Ave.		Assembly	Line C	enera	al Elec	
2 11	A	d be	St be	USU/ 13a. S	TATE 13b. COL	OR OTHER INSTITUTION	13c. CITY OR 1	EFORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE			
AND I	7	fille	1		aryland	The state of the s	Baltin	ore	YES NO	1920 Griff	is Ave.	212	230	
7	1	d 2 sl	NE O	14. FA	THER'S NAME	MIDDLE	ŁAST		15. MOTHER'S MAIDEN NA	ME		LAS	51	
MA	7	Idu	8		Charles		На	rrell	Carrie			Cor	nway	
DRE,	xeco	Poges	medicol		VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRE	SS	7	21230	
IW	9	Po O	a a		NO		577-34	-2693	William H. I	Lilley, Jr.	1920 Gr	riffis	a Ave.	N.
BAL	ote	ysicro opers vol.	t,		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse pe	er line for jal, (b)	, and (c).1	1	- 0	77.5	APPROX BETWEEN	ONSET AND DEAT	Тн
ST.,	rrific	a ph onp	even			ATE CAUSE 10)	pelle	no Call	mone of	colon		/.	est	
O	th o	corb	ofic			DUE TO, C	OR AS A CONSE	QUENCE OF	/					
EST	deo	offe	roor		Conditions, if ony, which gove rise to immediate	(b)_							- 101-11	
> A	the	rem rem	her t		couse (a), stating the underlying couse last.	DUE TO, C	R AS A CONSE	QUENCE OF				17.		
010	tho	d by leose	0 0			(c)_								_
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,	uires	signe ten p	ury.	z	PART 2 OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING	TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1	0	
ORC	red	been prior to	io y	CERTIFICATION	19a DATE OF OPERATION	TIAL CONIC	NITIONI EOR W/L	UCH OBEDATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	/EDE EINIDI	NCS USED	
REC	0	os b ne pr	S	FIC.	DATE OF OPERATION	176 COND	MION FOR WE	TICH OPERATIO	WAS PERFORMED		IN CERTIFYIN	G CAUSES	S OF DEATH?	
TAL	The	risit p	Sho	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME (OF INTURY		21c. HOW INJURY OCCUR	YES NO	YES [NO 🗌	-
7	IAN	iol-tro	8		OR CONTRIBUTING CAUSE OF D	EATH HOUR A	.M. MONTH		The river is sport occor.	TENTER NATURE OF MICH	CT IN TIEM IS PART	(ORPARIZ)		
N	YSIC	Scer	or He	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P		OF INJURY	19	211 LOCATION					_
ISIO	PH .	the bond	ed o	ME	WHILE NOT WHILE		TREET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE	
NO.	ON PO	Afte e os olth	nork		AT WORK	(Ant) assended at	ha dasansad for	1-1	1-86		10		the authorized	Leve
	TENE tol	OR: or us f Hee	.5		220 I certify that (I) (this has saw the deceased alive to	on 7-26	ne decaded fro	9	nd that in (my) La Topinian	deoth occurred on the de	ate and hour or		that (I) (we) I	
	AT	ed fo	em 2		obove, (I) (set (dial) did	not) viety the body	y after death.		DEGREE			22c. DAJE		
	L OR	toch e De	+	33	MXII	ely.				MEDICAL STAI	F	19/2	0/00	7
	PITA	VERAL be deto	Z		22d. PHYSICIAN'S NAME ITEM	CRISIN			22e ADDRESS	DIRECTOR PHYSIC	IAN	1./2.	0/8 00	
	HOS	FUN Plan	IMPORTANT		Gormlev				St. Agnes H	Hosp. Onco	logg			
	To	show with	<u>₹</u>	230 1	JURIAL, CREMATION, REMOVA	AL 23b. DATE	T	23, NAME OF	EMETERY OR CREMATORY	23d LOCATION	тоду			_
	BP.				SPECIFY)					CITY OR TOWN	_	OUNTY	STATE	
			T (6)	24 FI	Burial INERAL DIRECTOR	7/30/	86		ridge Mem. Pk.	Elkridge TE REC'D. BY REGISTRAR	Howard 25b REGISTRAF	R'S SIGNAT	ary land	
		- 16 60N			ubbard Funeral	Lomo T	nc 410	. 00	.229	888 2 H 1486		~ 1 mm -	- Kindon	
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U - 1	2489		STATE REGISTRAR		ME	DICAL	EXAMINE	R'S CERT	IFICATE (OF DEA	TH REG	. NO.			\$
			CEASED NAME	FIRST		WIDDLE		LAST		T	20. DATE KNOWN	MONTH	H DAY	YEAR	76 HOUR
	海水形岩 型	1	L OKTANII,	WILL	IAM F.			LIPM	AN		OF ESTI-	□ 7	12	19 86	M
	おいまる語	3 SEX	4 RAC	E	S. DATE OF BIRTH	YEAR	6. AGE (IN YEARS	IF UNDER I	YR. IF UNDE		2c. DATE	HINOM	DAY	YEAR	2d HOUR
_	Sages (1	M W		5/19/25		61 YRS.	MONTHS	AYS HOURS	MIN	PRONOUNCED DEAD	7	12	19 86	1:30
	SER SER	7n Bi	RTHPLACE (STATE OR REIGN COUNTRY)		76 CITIZEN OF W	HAT COUN	NTRY? 8.	MARRIED *	NEVER MARI	RIED 🗌	9. BALTIMORE CIT	Y OR COUN	ATY OF D	PEATH	£
- Cal	25.5		Oregon			SA		IDOWED [DIVOR		Baltimo	re Cit	У		MD.
	29世世日	III. CI	TY OR TOWN OF DEA	ATH	11 NAME OF HOS			R OTHER INS	NOITUTITE	FOR M	AL OCCUPATION		126 KIN	ND OF BUSTR	
	307 ag 7		altimore		Union Me	moria	al Hospi	tal_(D	OA)	Se	lf-Emplo	byed		sulta	
100	1	13a, S		136 COUNT		13c. CITY	ORTOWN	13d. IN	SIDE CITY LIMITS?	13e. STRE	EET ADDRESS				
-	美田の語	1	MD				Balto.	YES			Woodla	wn Ro	1.	2121	0
3	A SAN A	14. FA	THER'S NAME		MIDDLE		LAST		OTHER'S MAID	DEN NAME	WIDDLE			LAST	
9	2005	0	William	F		Lipm			Bessie				nsky	/	
À	ONSTOR	(Y	VAS DECEASED EVER	(# YES, GIVE V	WAR OR DATES)		CIAL SECURITY N		FORMANT	9.1	ADDR				
A SOLUTION OF THE PARTY OF THE	S AF GIN PAG VISI		Yes		V II		16 981	2 Ju	udith F	· Li	pman,	1	San	ne	
	* # \$ L O *		18 CAUSE OF DEAT PART I DEATH W	H (Enter and	y ane cause per line	far (a), (b), and (c).)	A TREE ST				1110	BETV	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
2	A HERNALD	1			E CAUSE (a)		anging								100
FCT	NO A PER	1	Canditians, if a	any which	DUE TO, OR	AS A CON	NSEQUENCE OF								
4	Z A A E A	1	gave rise ta	immediate	(b)										
3	ECUTED WITH V.L. EXAMINE VRIAL - TRA ND MENTAL		cause (a) stating lying cause last.	the under-	DUE TO, OR	AS A CON	NSEQUENCE OF								
2	N S S S S S S S S S S S S S S S S S S S		BARY 2 ONLY CACHELEAN	Y COMPLYIONS	(c)									-	
TO NOTABRE W. INC. ACROSS	VILLO BE EXECUTED V. PENDING." IN P. F. MEDICAL EXER AS BURIAL F. HEALTH AND ME AL, CREMATION,	Z	PART 2 OTHER SIGNIFICAN	COMPLICANS	CONTRIBUTING TO DEATH	BUT NOT RELA	ATEO TO THE TERMINA	. DISEASE OR COM	NOITION GIVEN IN P	ART I lak					
2	MEN WEN WEN WEN WEN WEN WEN WEN WEN WEN W	CERTIFICATION	190. DATE OF OPERA	TION	196 CONDI	TION FOR	WHICH OPERAT	ON WAS PER	REORMED?				20 /	AUTOPSY?	
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	A T T O S T A T A T A T A T A T A T A T A T A T		death resulted fram		e of the remains des	Accident		Autopsy L	damicide .		Inquiry,	and in my o	pinian		
	REC BE		death resulted from	Natur	al causes .	Accident	L, Suicio		LE (SPECIFY)	Undete	ermined manner L				
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	THE PERSONAL PROPERTY OF THE PERSON NAMED AND PARTY OF THE PERSON	-	(TYPE OR PRINT)	Ann I	M. Dixon,	M.D.		ADDRE	111	Penn	St. Balto	o., MD	21	201	
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEATH, DIRECTOR: PAFTER DEATH, WITH THE SIT BATTIMORE, MARYLAND, 2	23o.B	URIAL, CREMATION, R	EMOVAL 2	36 DATE	23c. 1	NAME OF CEMET			23d. LO	CATION		LINTY.	STA	
07/8		(:	Crematio	n	7/14/86		Green I	Mount		E	Balto.,	COI	ME		ATE
25M		24 FI	NERAL DIRECTOR	Henry	W. Jer	kins	& Sons	Co.	250. DATE			EGISTRAR'S	SIGNAT	URE	43.1
DHMH-17 (VR A15 ME (5)) 25M DHMH-17 (VR A15 ME (5)) 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Read Balto., MD 21212									200	-					

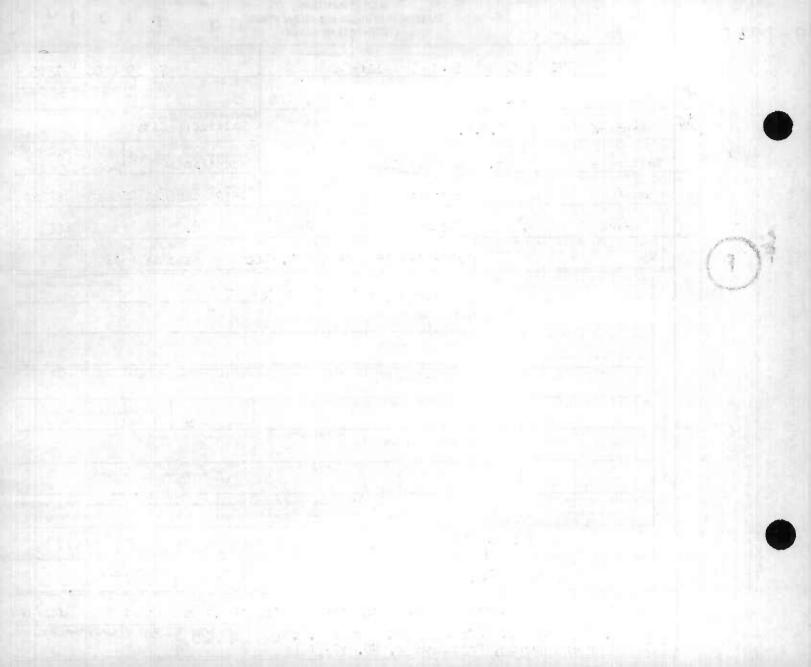
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	1.	FOR STATE	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	19	0 4 5
11381	1 05	REGISTRAR				REG. NO		
be age 3 death		OR PRINT)	ON) NORMAN	1	ITTLE	20. DATE OF DEATH	7 03 80	
mo)	3. SE	(4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT		
oge 4		Male	Black	6	1°8 0′6°	80	YRS.	AYS MOURS MI
# 100		OUNTRY)	76 CITIZEN OF WHAT COU	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O		1
11 10		orth Carolina	U.S.A.	WIDOWE		BALTIMORE		/
1 1 3/	BA	HTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV PRANCIS SUTT	LEY M	ED. CTR.	(TYPE OF WORK FOR MOST O CUSTODIA	WORKING LIFE) INDUST	ID OP BUSINESS (IRY N/A
HE	130. 5	aryland 136 coun	13c. CITY O	R TOWN	13d. INSIDE CITY LIMITS? YES 1 NO	13e STREET ADDRESS / 5255 Cedga	ZIP CODE te Road 2	1206
d within		THER'S NAME	MIDDLE LA	ST	15 MOTHER'S MAIDEN NAM			LAST
d comp	16a V	VAS DECEASED EVER IN U.S. AR		L SECURITY NO.	17. INFORMANT	ADDRE	SS	
n and n Pages	(YES NOOR UNKNOWN) (IF YES, GIV	243-0	03-2808	James Little	830 Allen	dale Road	
n. n. nos been signed by the attending p permit. Then please remove carbon, ne prior to burial, cremation, or rem ws any injury, or other traumatic eve	CERTIFICATION	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON	ISEQUENCE OF		200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED SES OF DEATH?
sicab sicab sicab sicab insit ygiel	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE	YES NO	YES	NO 🗍
SICIAN: ng physic certifico riol-tron ental Hy ltem 18:		OR CONTRIBUTING _ CAUSE OF DEA	III	H DAY YEAR				
G PHYSIC patending er this ce er the buring and Men	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN COUNTY	STATE
ATTENDIN ospital or s ECTOR: Aft ed for use os of. of Health m 21 is mor		220 I certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did na	103	19. 50 an	d that in (my) (aur) apinian (death accurred on the do		
OR he h		22b. SIGNATURE Oh	inno		ATTENDING PHYSICIAN	MEDICAL STAF	Fra lal	03 / 86
o HOSPITAL erained by the TO FUNERAL should be det with the State MPORTANT:		22d. PHYSICIAN'S NAME (TYPE O LING CH			PRANUS SUS		eo. Cre	
	23a E	URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP		BURIAL	7/8/86	Church	Cemetery	Greenvil	lė,	N.C.
DHMH - 16 60M 7/84 (VRA 15, 4)		Arch Funeral Ho	mes 1101 Easi	DRESS North A		REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	NATURE

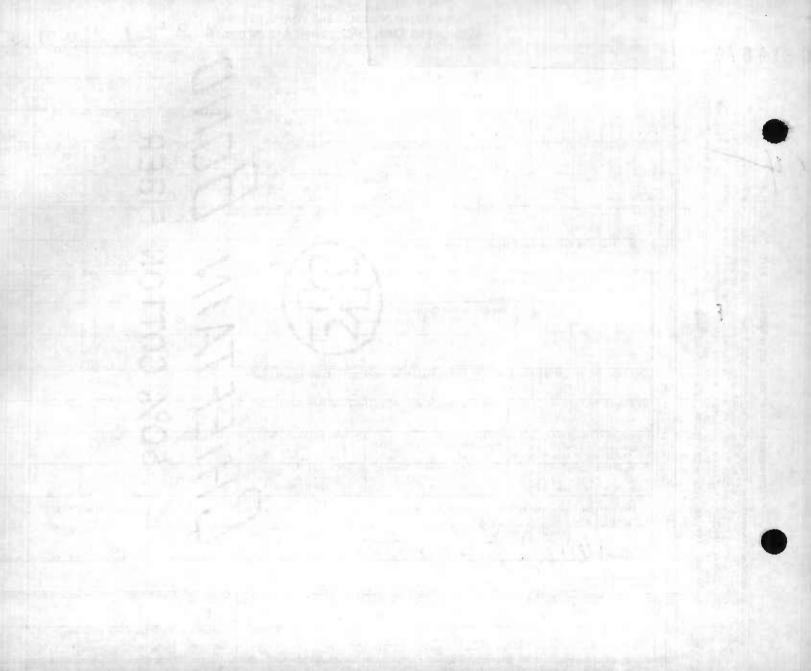


0-11596	FOR STATE REGISTRAR		DEPARTMENT	OF HEALTH AND MENTAL HY TIFICATE OF DEATH	GIENE 8 6	9 6 4 6
y be	1. DECEASED NAME (TYPE OR PRINT)	ROSE	C.	LITTLE	20. DATE OF DEATH MONTH	2 86 9 AM
oge 4 r	3. SEX	1. RACE	^	TE OF BIRTH ONTH DAY YEAR 8 - 06 - 01	6. AGE (IN YEARS LAST BIRTHDAY) 84 YR	
deoth. P	70. BIRTHPLACE (STATE COUNTRY) Md.	USA	WID	RRIED NEVER MARRIED DWED DWORCED		ity, MD.
by the filed with	JO. CITY OR TOWN OF D	Edgen	HEACHITY, GIVE STREET ADDRESS	no	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Dressmaker	12b. KIND OF BUSINESS OR INDUSTRY
filled hould b	OSUAL RESIDENCE IF HU 130. STATE Md.	Baltimore	GIVE RESIDENCE BEFORE ADMISS 130. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 6829 Queens F	erry Road 21239
ompletely and 25	FATHER'S NAME FIRST F1	rank Anthony	tAST	15. MOTHER'S MAIDEN NA	Mary Jurio	EAST p
ond co	160. WAS DECEASED EVE (YES, NO OR UNKNOWN)	R IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY N 215 09 939		ADDRESS Little P. 0	Balto., Mo . 11486 21239
event, the	18 CAUSE OF DEA PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE (0)	LOROKI	DRY ARTER	4 Disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hot the death by the ortenum asser removing, cother troumatic	Conditions, if an gove rise to in couse (a), sto- underlying cou	y, which (b)	R AS A CONSEQUENCE (1175.0	D.	
en signed Then ple or to burio		C.O. P.D			MINAL DISEASE OR CONDITION (
The low recion. The hos be sait permit giene pringshows on the state of the state	190 DATE OF OPER		ITION FOR WHICH OPER		YES NO	YES, WERE FINDINGS USED RIFYING CAUSES OF DEATH? YES NO NO
iySiCIAN: The ding physicic s certificate buriol-transit Mental Hygie in feet a second control of the second c	OR CONTRIBUTING	CAUSE OF DEATH HOUR A. DICALEXAMINER) P.	m. month day yi m.	19 -	RED (ENTER NATURE OF INJURY IN ITEM	IS PART I OR PART 2)
NG PHY offer this os the bu th ond M orked or	21d INJURY OCCU	WHILE THOME STE	OF INJURY REET, FACTORY OFFICE, FARM, ETC	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIO ospitol or ECTOR A defor use of Health	220.1 certify that (saw, the deced	I) (this hosp toll attended the sed office on the body	e decosed from	, ond that in (my) (our) opinion	deoth occurred on the date and h	
by the hose the hose the hose edetoched control of the man.	dith	eny F. Ca	20330	ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	7-2-86
TO HOSPITAL etoined by the To FUNERAL should be det with the State MAPORTANT:	ANTHO	Ny F CA	ROTTA	4214 MA	NERWOOD	White ARm
BP	230 BURIAL, CREMATION (SPECIFY) Burial	1, REMOVAL 23b. DATE 6/5/8		of CEMETERY OR CREMATORY ney Valley Mem.	23d LOCATION CHYOR TOWN Timonium,	
DHMH - 16 50M 4/B3 (VRA 15, 4)	24 FUNERAL DIRECTOR MITCHELL-V	VIEDEFELD HOME	INC. 65	00 York Rd.	ERECTO. BIT REGISTOR BA. REG	ISTRAR'S SIGNATURE

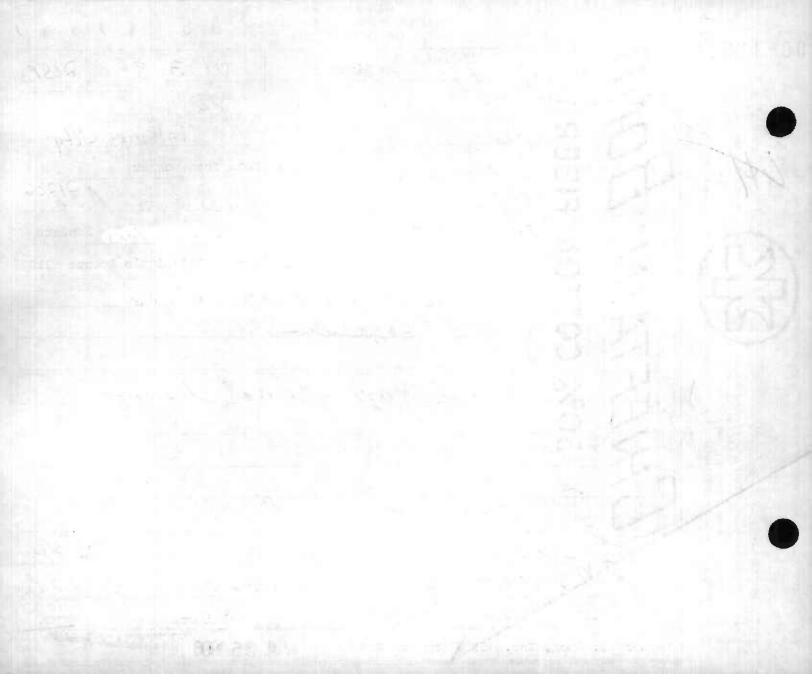
-12408	1.	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENES 6	9	Q 6	4 /
		CEASED NAME FIRST		MIDDLE	i	AST		MONTH DAY	YEAR	2b. HOUR
nay be page 3	(178)	OR PRINT)	ginia	М.	Li	tz		7- 9	86	1505 M
moy moy	3 SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS
ge 4	1	Female	White		Nove	mber 24, 1928	57	YRS.	THS DAYS	HOURS MIN
a 41 /2		RTHPLACE (STATE OF FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	9	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH	
5 657 579)	1	Maryland	U.S	.A.	WIDOWE		Baltimore	City		MD.
by the filled with		altimore		HOSPITAL, NURSIN UCH FACILITY, GIVE STREET A Agnes Hos	DDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Reception	F WORKING LIFE)	INDUSTRY	Food ibutor
filled in hould be	130.		OR OTHER INSTITUTION UNITY	136 CITY OR TOWN Sykesvill	e e	13d. INSIDE CITY LIMITS? YES NOT	13. STREET ADDRESS			21784
oren clind within 24 h	1	THER'S NAME Fred	B.	Helmer		IS MOTHER'S MAIDEN NAME OF STREET	MIDDLE C.		LAS	Hill
1002	16	VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	217-26-		George C. L	itz Sam	e as #		MATE INTERVAL ONSET AND DEATH
equires that the death central signed by the attending in Then please remove corbinate buriol, cremation, or remorning, or other troumatic even	NO	Canditians, if any, which gove rise to immediate couse tol, stating the underlying cause lost.	DUE TO, (b)_ DUE TO, (c)_	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
NG PHYSICIAN: The low requir oftending physicion. Ifter this certificate has been sign of the buriol-tronsit permit. Then th and Mental Hygiene prior to borked or fem 18 Mays ony injury,	CERTIFICATION	190 DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO		200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	IG CAUSES	NGS USED OF DEATH?
SICIAN: 1 ng physic certificate urial-trons temtal Hyg tem 18 M		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAMI	DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART	1 OR PART 2)	
NG PHYSIC offending offer this cer to and Ment hand Ment	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY ITREET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
R ATTENDIO or hospital or RECTOR: A feed for use spt. of Heol		22a. I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did) 22b. SIGNATURE	nt) view the bod	ly other death.		nd that in (my) (aur) apinion DEGREE	, to	19, ate and hour ar		
TO HOSPITAL O retoined by the TO FUNERAL DI should be defined with the State Do AMPORTANT: # F A		22d PHYSICIAN'S NAME (TY)	E-OR PRINT!	UE : M-T)	ATTENDING PHYSICIAN [220 ADDRESS St.	MEDICAL STAI DIRECTOR PHYSIC	HOJ1	7/4	9/86,
BP		BURIAL, CREMATION, REMOV		23c N	AME OF C	EMETERY OR CREMATORY N Forest Vete	123d LOCATION CHIEF TO BE CHIE	s Mills	ne, Mi	Marylano
DHMH - 16 60M 7/B4 (VRA 15, 4)	24LF & 1 (Property Russ	ell C. W Avenue,	litzke Fund Catonsvill	eral 1	Homes P.A. 250 Pf	E REC'D48Y 1986 AR	25b. REGISTRA	YS SIGNAT	URILING



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) First. NECESSÁRY, PLEASE C L'UNERAL DIRECTOR. 5 FOR YOUR FILES. 7, WITHIN 72 HOURS F. DEATH MATED XX Robert Livingston Sr. 19 36 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 3 SEX 4 RACE 2d HOUR 2c. DATE 2:00 YEAR LAST BIRTHDAY) PRONOUNCED 53 M 33 DEAD 1986 P. M TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH FUNERA 5 FOR NEVER MARRIED S.C. U.sa. WIDOWED ... DIVORCED Baltimore City, 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION AND 3 TO THE RETAIN PAGE OULD BE FIL IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE) Truck Driver Baltimore 204 Seagull Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? Maryland 136 COUNTY Baltimore 13e STREET ADDRESS 204 Seagull Avenue 21225 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Hamp MIDDLE Livingston Eva 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Apt. I-5 NO NO, OR UNKNOWN) 216306893 Rose L. Livingston 6 S. Woodington Rd. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Chronic Alcoholism DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate BURIAL - THE cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION USED / 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE US AFFER DEFATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIA NOXX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 214. INJURY OCCURRED 2 If. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK Inspection 220. I certify that I taak charge of the remains discribed above, held an Autapsy death resulted from Undetermined manner TITLE (SPECIFY) Assistant_MEDICAL EXAMINER DATE 8-2-86 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Md / Mare Burial 8/8/86 Mount Auburn Baltimore 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Win.c. March F/H Inc. ADD 1101 E. North Ave. 1. andelle (VR A15 ME (5))



STATE OF MARYLAND



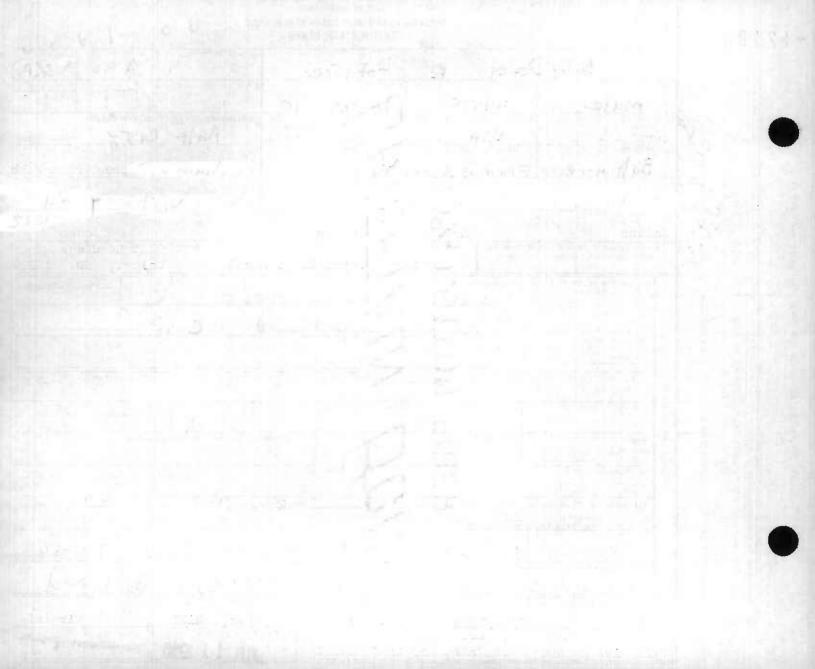
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ector, po	3 SE	Female	1. RACE Black	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
nerol dir.	7a B	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	13411	R COUNTY OF DEATH .
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NOFVITA SECIAN: T ng physici certificate uriol-transi ental Hygi	1	21a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		PDAY YEAR 19 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART 1 OR PART 2)
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At OR AT the hosp at DIRECT etoched for ore Deposite Depo		276. SIGNATURE Schule	1, 6	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	220. DATE SIGNED
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DHMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR				25b. REGISTRAR'S SIGNATURE

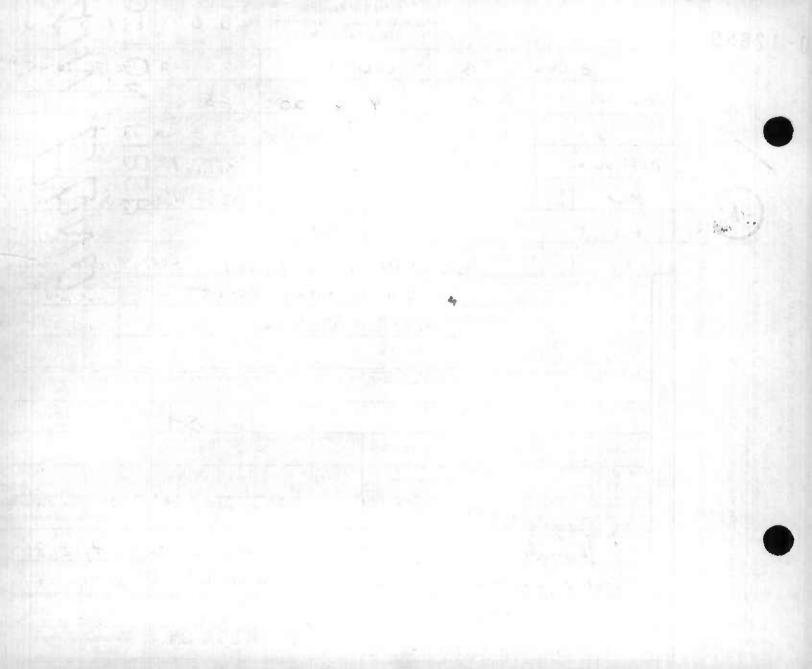
The Death of the Dr. Description of the second of t The Marketine Party Property of the Comment of the TO I STATE IN THE PARTY OF THE STATE OF THE Fly at 7-9-5- Held Deplay is King on Sp. 199

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH TYPE OR PRINTS 86 3 SEX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR DAYS 0 75 To BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED South Dakota DIVORCED | WIDOWEDXX CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WOME FOR MOST OF WORKING LIFE INDUSTRY Francis Scott Henderson-Webb Carpenter SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CQDE 13d. INSIDE CITY LIMITS? Rose Hill Virginia Lee YES Y NO F Rt.1 Box 362 24281 4. FA HERS NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE Walter Loftice Susan Jones ADDRESS 9129 Lennings Lane 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) 223-10-431 No Patricia A. Amend Balto., MD. 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO F 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. snw the deceased alive on_ _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN 7/11/1986 Balls Chapel Rose Hill Burial 14 FUNERAL DIRECTOR Duda-Ruck, Inc. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 351 DHMH 16 60M 7/84 wind the plant of Dundalk, Maryland (VRA 15, 4) 21222 7922 Wise Avenue

STATE OF MARYLAND



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the hor the hor tracher of Dep		226. SIGNATURE	_	M		G MEDICAL N DIRECTOR [STAFF PHYSICIAN	226. DATE SIG	2/86
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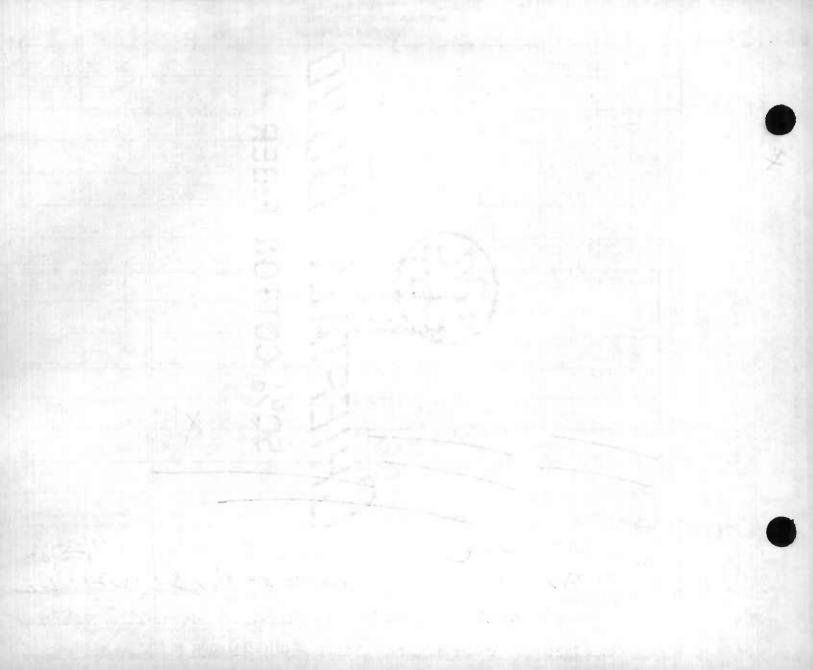
00-12771	FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 6 REG. NO	. 1 9 0 5	4
• ≈ €	1. DECEASED NAME FIRS (TYPE OR PRINT) Lill			AST	2a. DATE OF DEATH	MONTH DAY YEAR	2h HOUR
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dor, p	3. SEX Female	4. RACE Black	5. DATE C		6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	HOURS MIN.
on Pog	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) N. C		TRY2 8	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
	10. CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NU (IF, NOT IN SUCH FACILITY, GIVES 5412 Belle V	JRSING HOME C	OR OTHER INSTITUTION	Baltimore 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST O Senior Cus	ON 12h KIND OF	BUSINESS OR altimone System
AND 2 22 hermographic populd better must	USUAL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION, GIVE RESIDENCE E OUNTY 13c, CITY OR Balti	BEFORE ADMISSION)		13e.STREET ADDRESS /	ZIP CODE 212	06
MARYLAND red within 24 ond 2 should examiner mus	14. FATHER'S NAME Sylvester	MIDDLE LAST	an	15 MOTHER'S MAIDEN NA/ Emma		Hami	
RE,	160. WAS DECEASED EVER IN U.		SECURITY NO.	17 INFORMANT	ADDRE		17.01
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TAL The siction are honsit pygren show	7 86		(arcinon	21c HOW INJURY OCCUR	YES NOTE NOTE	YES D	NO NO
ON OF VII IYSICIAN: ding physis is certifical buriol-tron Mental Hy	OR CONTRIBUTING CAUSE (DE DEATH HOUR A.M. MONTH MINER) P.M.	DAY YEAR 19		CED (ENTER NATURE OF INJUR	RY IN TIEM 18 PART 1 OR PART 2)	
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The low requir or ottending physicion. After this certificate has been sig e as the burial-transit permit. There of the and Mental Hygiene prior to b marked or item 18 shows any injury	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
TENDIP sital or TOR: Al	tow the decealed aliv	nospitol) ottended the deceased fr		d that in (my) (aur) opinion (, to death occurred on the do		not (I) (we) lost
by the hosp by the hosp IERAL DIREC State Dept. to State Dept. to	77a SIGNIATURE	d pot: sies the body after death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c. DATES	
O HOSPITAL etained by t TO FUNERAL should be det with the State	Davil	P Lihasan us		Union Meme	mil Hosp,	Balt., mo	•
ВР	230. BURIAL, CREMATION, REMO (SPECIFY) Burial	7/19/86	Wells Sp	emetery or crematory Oring Methodist C			°N*. C .
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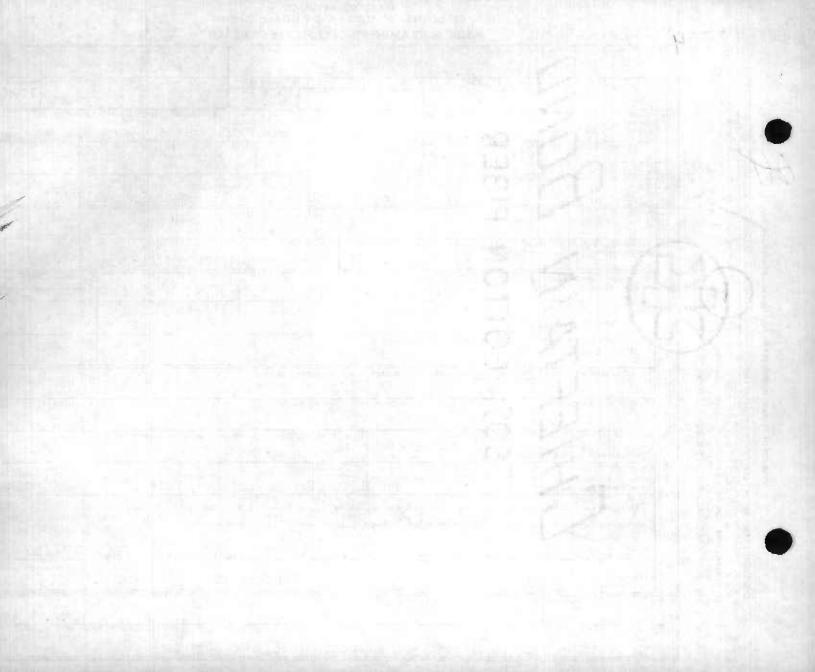
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DHMH - 16 60M 7/84 (VRA 15, 4)		ineral director harles S.Z.	eiler	& Son S			250 DATE	REC'D. BY REGISTRAR	25b. REGISTRAR	SSIGNAT	URE

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STATE OF MARYLAND



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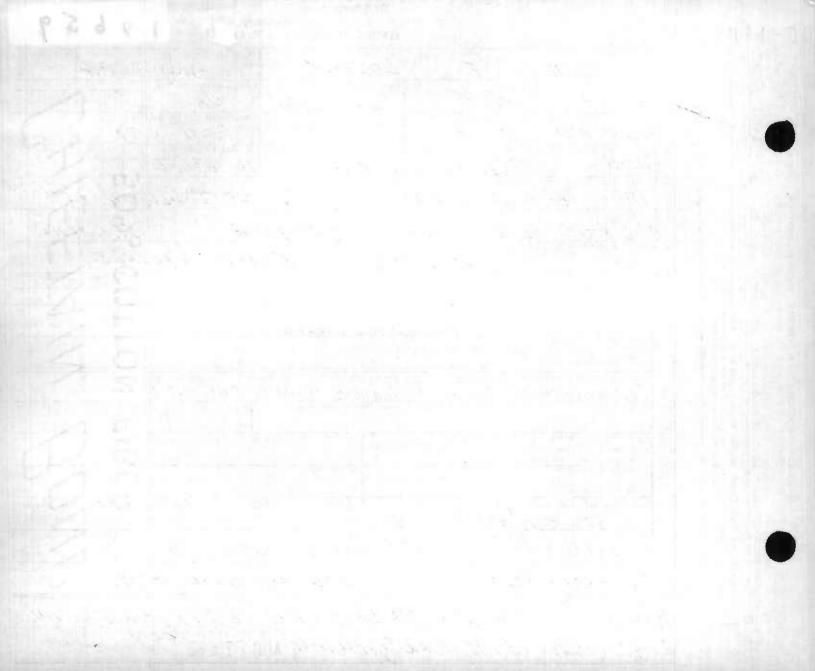
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERS! - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 28. DATE OF DEATH LITTE CE PRINTS ARIE 1 SEX 4 RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY IF UNDER ! YEAR IF UNDER 24 HRS WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH CELLSTE OR FORESON MARRIED DIEVER MARRIED WIDOWED DIVORCED [126 KIND OF BUSINESS OR INDUSTRY LIAL RESIDENCE OF HURSING HOME OR OTHER INSTITUTION COUNTY 13d. INSIDE CITY LIMITS? NO A I FATHER S NAME 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) YES, NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY 5.0515 IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Decubitus vicers Canditions, if any, which couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couve lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [YES [NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE WORK AT WORK 110 220 I certify that (1) (this hospital) attended the deceased from X(a), and that in (my) (our) opinion death occurred on the date and hour and from the couses stated saw the deceased alive a 72% SIGNIADURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MEMORIAL HUSPT COOL - FOLE 231 NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION, REMOVAL 23b. DATE 23d LOCATION DHMH - 16 60M 7/84 (VRA 15, 4)



23b. DATE

7/12/86

126 KIND OF BUSINESS OR INDUSTRY Food Southern

4:07A

IF UNDER 24 HRS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER I YEAR

ADDRESS

HINOM

2303 Windsor Avenue

206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NOXX= YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

to Julu 5 19 86

72r DATE SIGNED

STAFF PHYSICIAN DIRECTOR PHYSICIAN

STATE

STATE

c/o Maryland General HOspital

23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY

CITY OR TOWN COUNTY

Laurel Md. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/R4 (VRA 15, 4)

March F/H West

Burial

24 FUNERAL DIRECTOR

FOR

- STATE

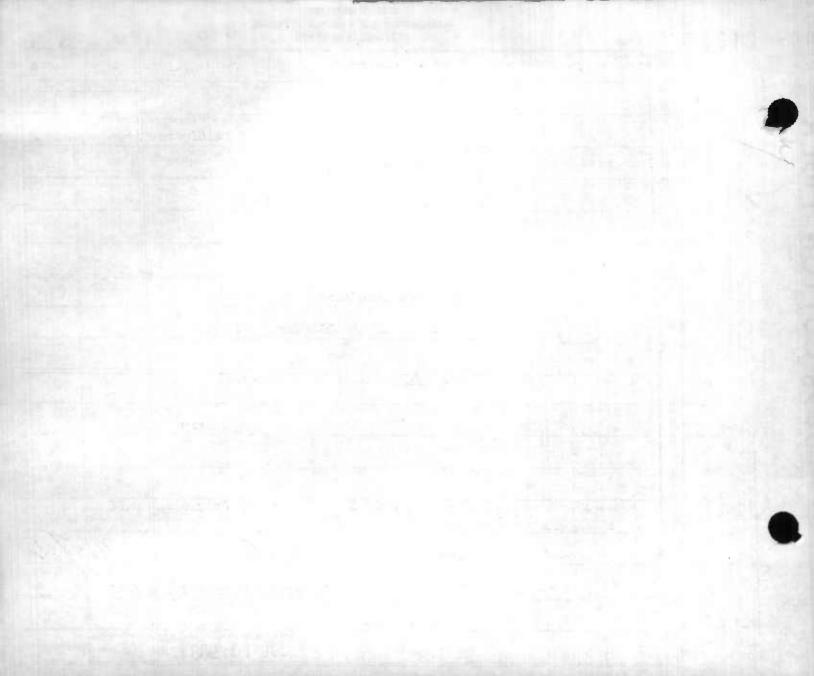
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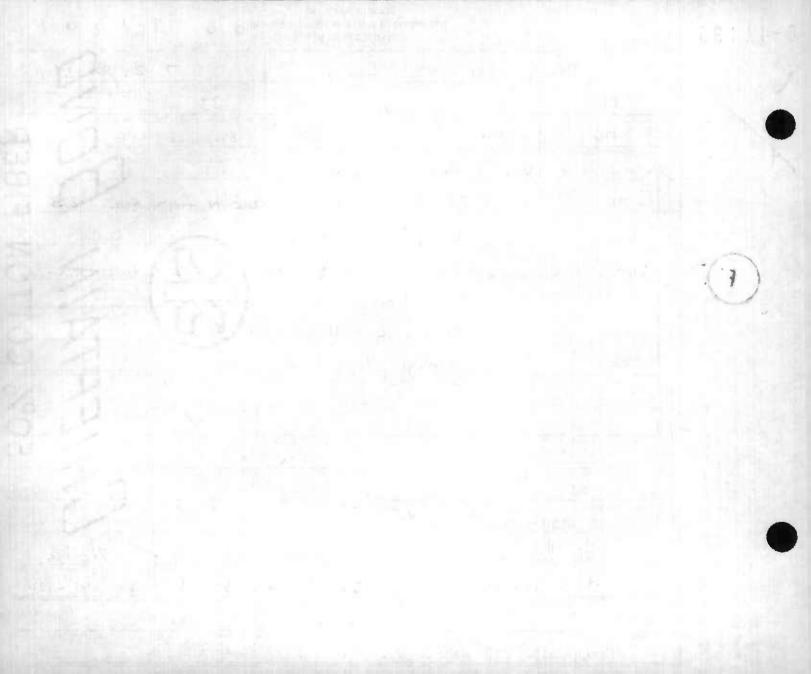
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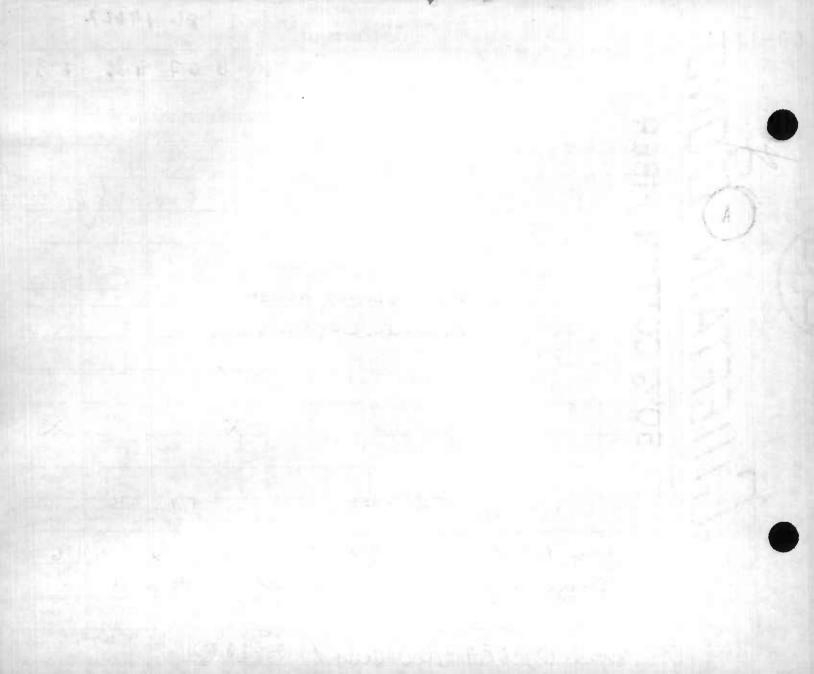
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

richa Wendson-Mindelle



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OR on the post of them of them	1	22b. SIGNATURE	^		DEGREE ATTENDING	MEDICAL STAF	22c DAJE SI	GNED
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oto To Sho With	23e.	BURIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATOR	23d. LOCATION		
BP		Bürial	8/2/86	King M	em. Pk.	Randa'l 1	stown, Md	STATE
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	ADI	DRESS	25a. D		256 REGISTRAR'S SIGNATUR	
(VRA 15, 4)		Wm C March Wes	t 4300 Waba	sh Ave.	300	NUG 1 1986	1	





0	0	ath Tose 4 may be	nal arrector, page 3	77 hours ofter death	6	or and	6
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	₹ ·	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within a fine court. The 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this centricate has been signed by the attending physician and sampletely III.	should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1.0hd 2 should be burial-transit permit. Then please remove carbon papers.	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayor.	IMPORTANT If Hem 21 is marked or Hem. 18 shows any injury, or other traumatic event, the medical examine must be needed to be a second or second to be a second or sec	

BP.

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR FIRST DAVID LYLE 1986 IF UNDER LYEAR 4 RACE S. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR Black. 9 12 1903 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED Va USA Baltimore City WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH Retired WORK FOR MOST OF WORKING LIFE) 2508 Manhattan Avenue Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 13b COUNTY Balto. 13d INSIDE CITY LIMITS? 2608 Manhattan Avenue 21215 YESXX NO T IS MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE LAST MIDDLE Η. lvle Louisa Ross ADDRESS I MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2608 Manhattan Avenue Kisiah Lyles No 212-12-2789 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for iot, (b., and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUF TO OR AS A CONSEQUENCE OF comen una Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES T NO IT 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE nay 22a. | certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ and that in (my) (our) apinion death occurred on the date and have and from the causes stated obove, (1) (we) (did) (did not) view the body after death DEGREE 22c DATE SIGNED

22b. SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 5356

23a BURIAL, CREMATION, REMOVAL Burial

AT WORK

FOR

REGISTRAR

- STATE

TYPE OR PRINTS

Male

To BIRTHPLACE

13g STATE

CERTIFICATION

Md.

David

COUNTRY

3. SEX

231 NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park

Arbutus

COUNTY

STANI

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4

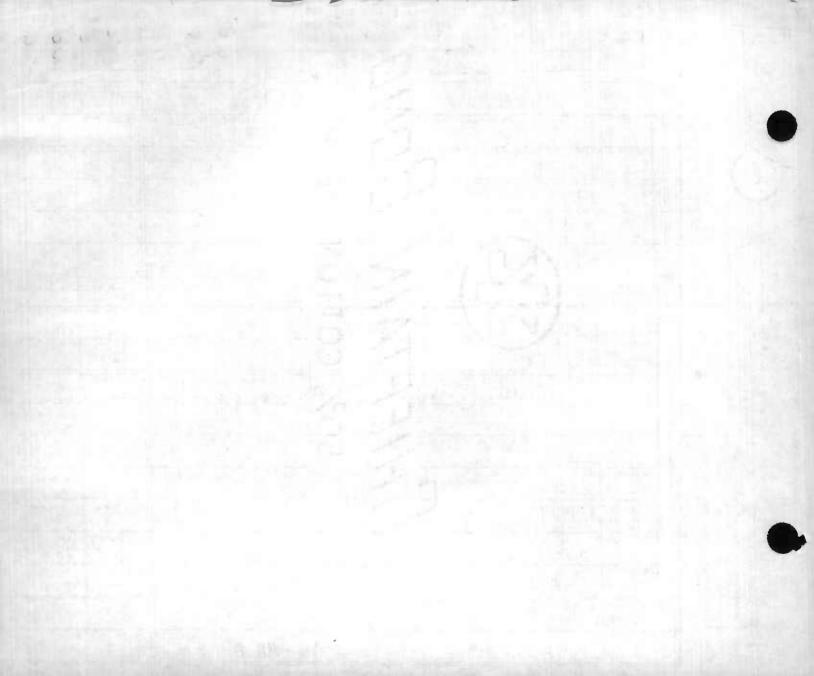
Wm C March F/H West 4300 Wabash Avenue

7/7/86

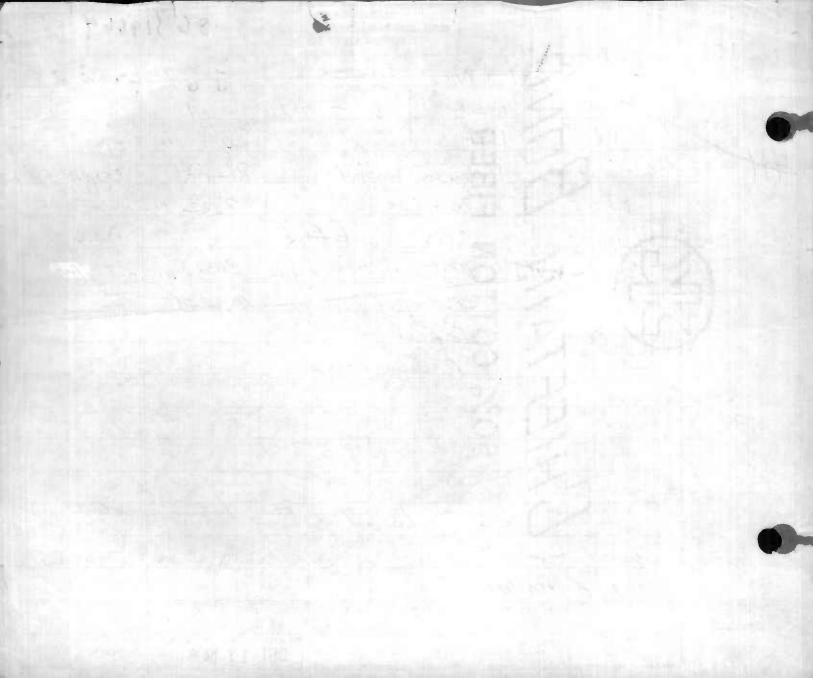
236 DATE

JUL 8

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



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BP DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR March Funeral Ho			1	So. DATE RE	Owings CD BY REGISTRAR 111986	Sh REGISTRAR	S I	YIU A-



Leonard J. Ruck, Inc., Baltimore, Md.

STATE OF MARYLAND

26 HOUR

126 KIND OF BUSINESS OR

Banking

Gilligan

APPROXIMATE INTERVAL

NOF

STATE

STATE

COUNTY

COUNTY

250 DATE REC D BY REGISTRAR 25% REGISTRAR'S SIGNATURE

Maryland

whice Davidson-Handalle

22c. DATE SIGNED

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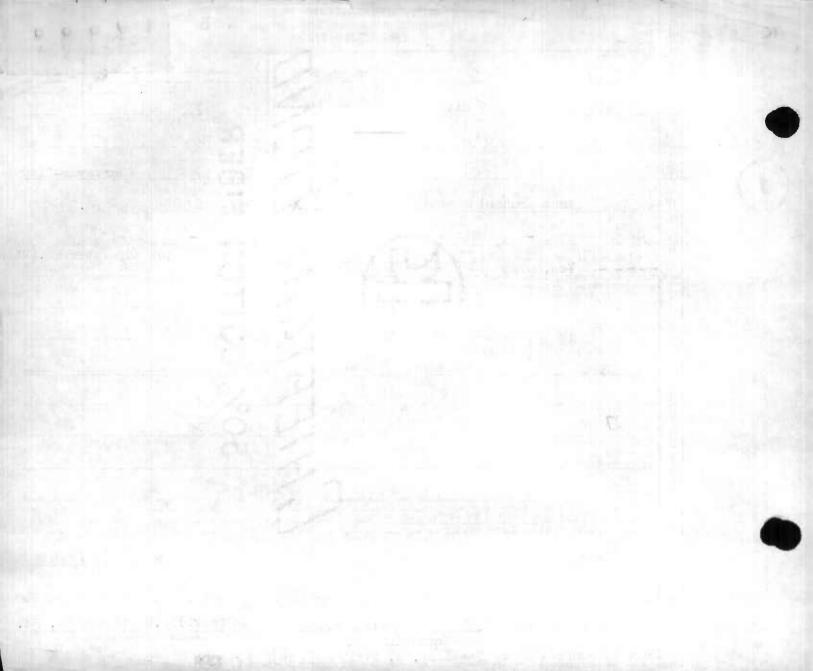
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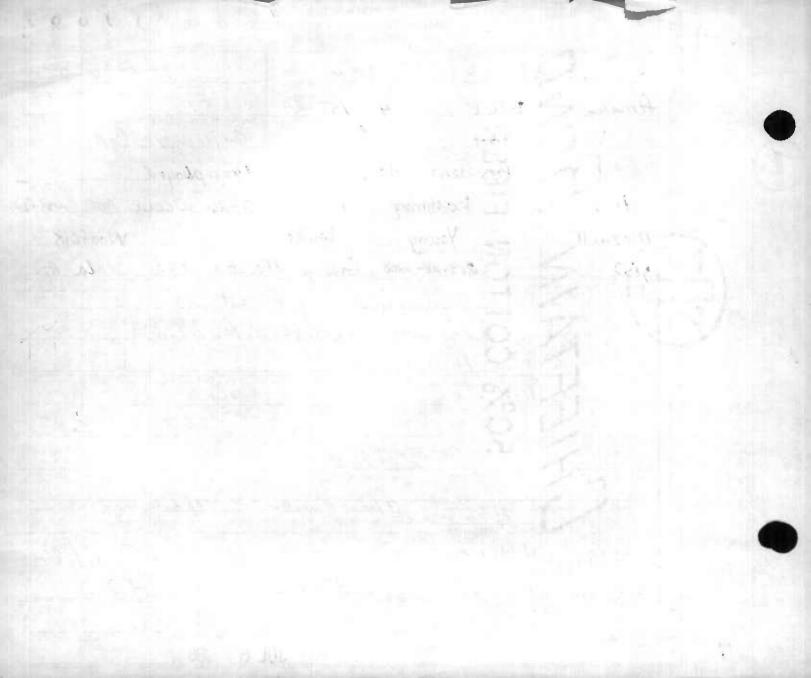
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24 FUNERAL DIRECTOR

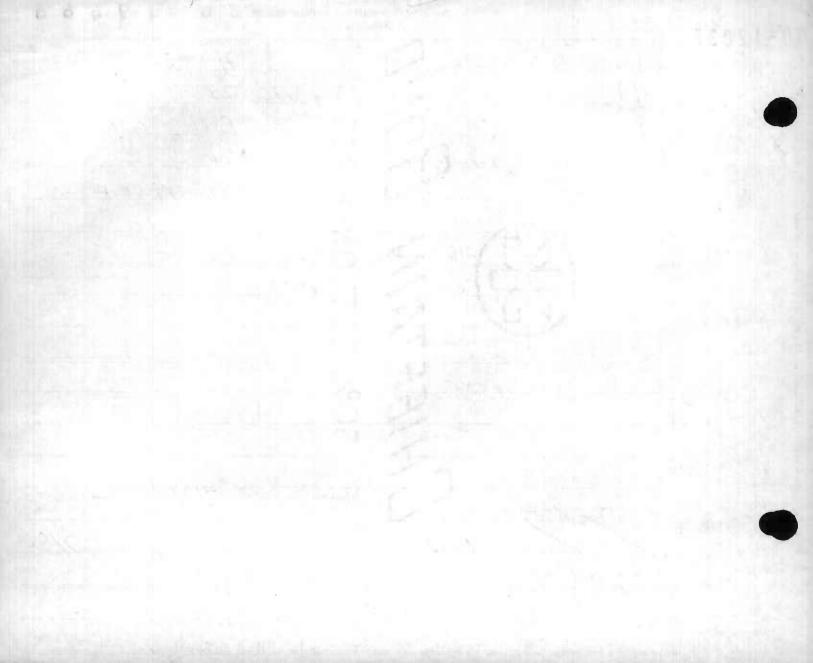
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	Al Dal Dale Detocate Direction		Mark	Kligman	M.D. ATTENDIN		7/7/8/
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	TO HOSPITAL Cretained by the hosp 10 FUNERAL DIREC should be detached for with the State Dept. (MPORTAIN: If them.)		MARK H	KLIGMAN	637 PORTI	LAND RD, BALTI	more, m.d.
	7 € ₹ ₹ 3 ₹		BURIAL, CREMATION, REMOVAL	236. DATE 23c	NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	
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24	DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	3204 Moun	tain Rd. 250.	DATE REC'D. BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE
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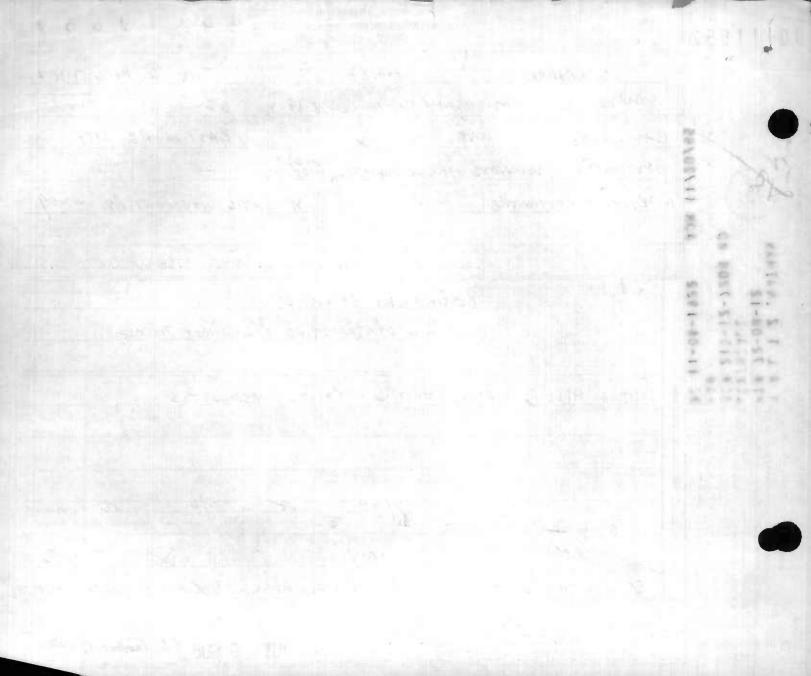




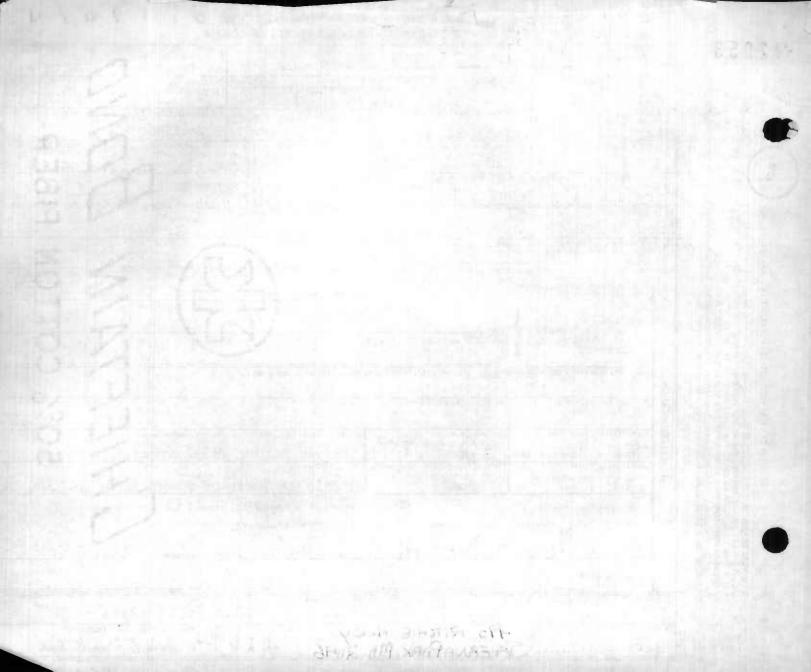
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noy be	I. DE	CEASED NAME FIRST W!	ILLIE MEA	AD LASTMALONE	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR AM
outs: 4 mo	3. SE	m	4 RACE B	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 75 YRS.	MONTHS DAYS HOURS MIN.
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low requires that the death certification is signed by the attending property. Then please remove corbons are to buriol, cremation, or remove to any injury, or other troumatic events.	CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTING	ISEQUENCE OF	MINAL DISEASE OR CONDITION G 200 AUTOPSY? 200 IF Y	ES, WERE FINDINGS USED
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р 9 2 4 1 4 —— ВР		BURIAL CREMATION, REMOVAL		Md. Nat'l Mem Pk	23d. LOCATION CITY OR TOWN Laurel,	Md. STATE
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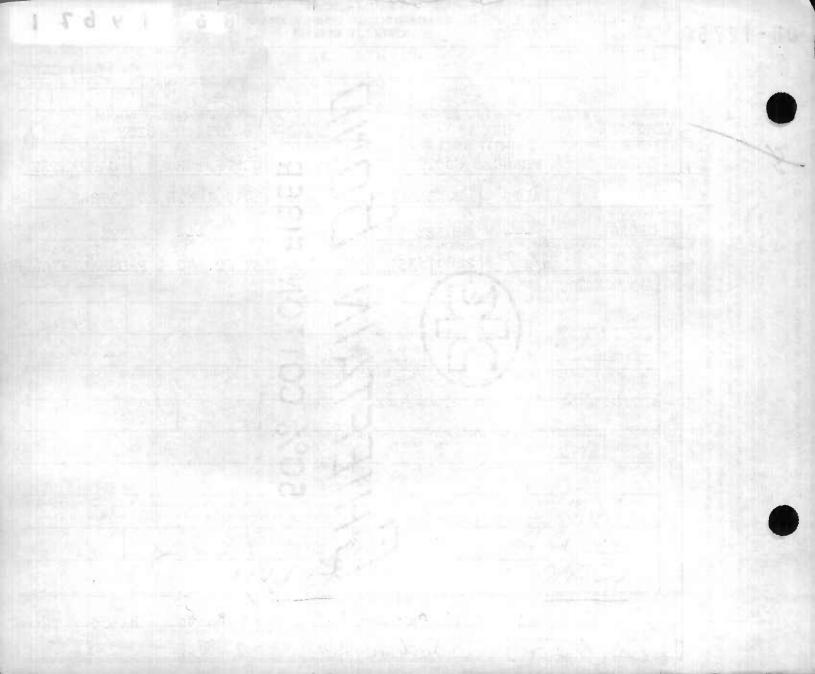


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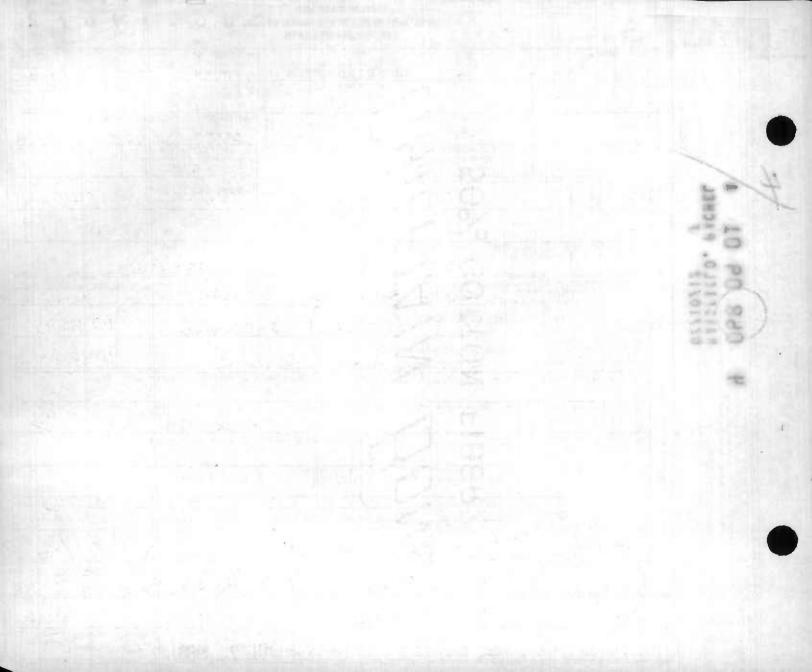
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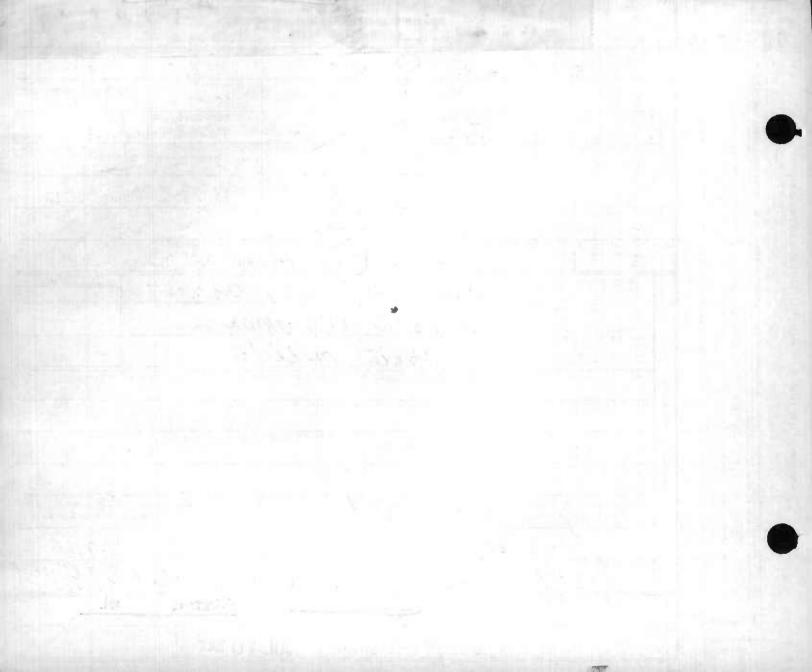


Wm.C.March Funeral Home Inc. 1101 East North

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Ja B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WH.		8 _		9 BALTIMORE CITY		OF DEATH	
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13847	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6	19617
may be page 3 fer death	1 DECEASED NAME FIRST (TYPE OR PRINT) MARY		MARTIN	20 DATE OF DEATH MON	1 23 80 615 pm
oge 4 mp	Female	Black	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	FUNDER LYEAR FUNDER 24 HS.
dearn. Po	70 BIRTHPLACE ISTATEORFORD	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR CO	MD.
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briplete lond 2 examin	14 FATHER'S NAME FIRST Jerry	MIDDLE TURN		sie MIDDLE.	Turner
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equires that the death certificate in signed by the attending physical Then places remove carbon paper to burial, cremotion, or remove, thinjury, or other froumatic event, in	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF THE CAUSE (a) DUE TO, OR AS A CONSECTION OF THE CAUSE (c)	state lung cance	r (to brain)	Olagroseof 5/80
he law range. has been permit the prior ows any	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	YES NO	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
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TO HOSPITAL retained by th TO FUNERAL should be deter with the State MAPORTANT:	22d PHYSICIAN'S NAME (TYPE A OR 210 BURIAL, CREMATION, REMOVA	Trommer	PHYSICIAN [226 ADDRESS NAME OF CEMETERY OF CREMATORY	DIRECTOR PHYSICIAN	× 11/00/04
BP	Burial 24 FUNERAL DIRECTOR	17 27 86 Y	H. auhurn Come	E RECID BY RECISTRAR 256 F	REGISTR R'S SIGNATURE

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	7		FOR - STATE REGISTRAR			MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG. N		9 6	78
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	a safety	2.5E	Famale	1 RACE	THE	5. DATE C		6. AGE (INYEARS LAST BI	YRS.		HOURS MIN.
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10		Printer Street	ACTO		CH FACILITY, GIVE STREET	ADDRESS)	Itospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST House)	OE WORKING LIFE)	126 KIND OF INDUSTRY Home	BUSINESS OR
ND 212	filled in			HOME OR OTHER INSTITUTION COUNTY ALTO	136. CITY OR TOW	'N	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIP CODE	2d 2	-1221
MARYL	ampletely good 2	1	ATHERS NAME Carson	MIDDLE Olsen	LAST		15. MOTHER'S MAIDEN NA	rescott		LAST	
TIMORE	Poper of	16a. '	WAS DECEASED EVER IN YES NO OR UNKNOWN)	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	080-12-907		Muriel Hodges	308 Riverside	Rd. Esse	x Md. 21	1221
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	equires that the death is signed by the attende Then please remove to its buriol, cremation, a figury, as other fround	NON		which diate the last. (b) DUE TO, C	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	NDITION GIVEN	IN PART 10	
AL RECO	7 4 4 5 6 7	CERTIFICATION	N ME	ON 196 CONE	OITION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [ERE FINDING	GS USED OF DEATH? NO
DN OF VIT	fra physic fra physic is certificate functional frame fra	MEDICAL CES	210. ACCIDENT WAS UNDER OR CONTRIBUTING. CAL LIFEITHER, NOTIFY MEDICAL 21d INJURY OCCURRE	ISE OF DEATH HOUR A EXAMINER) P	.M. MONTH DA P.M. OF INJURY	19	21c. HOW INJURY OCCUP				
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	CTOR / CTOR / The use of Near		saw the deceased	olive an (did not) view the body	19	July	nd that in (my) (our) opinion				nat (1) (we) lost auses stoted
	the bo		226. SIGNATURE	lip Kei	on m		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		DL V	IGNED 26 1986
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(OHMH - 16 60M 7/84 (VRA 15, 4)	Bi	NAME OF	uneral Home	PA 1407	Old E	astern Ave.	TE REC'D. BY REGISTRAL	Julia Dan	R'S SIGNATU	RE

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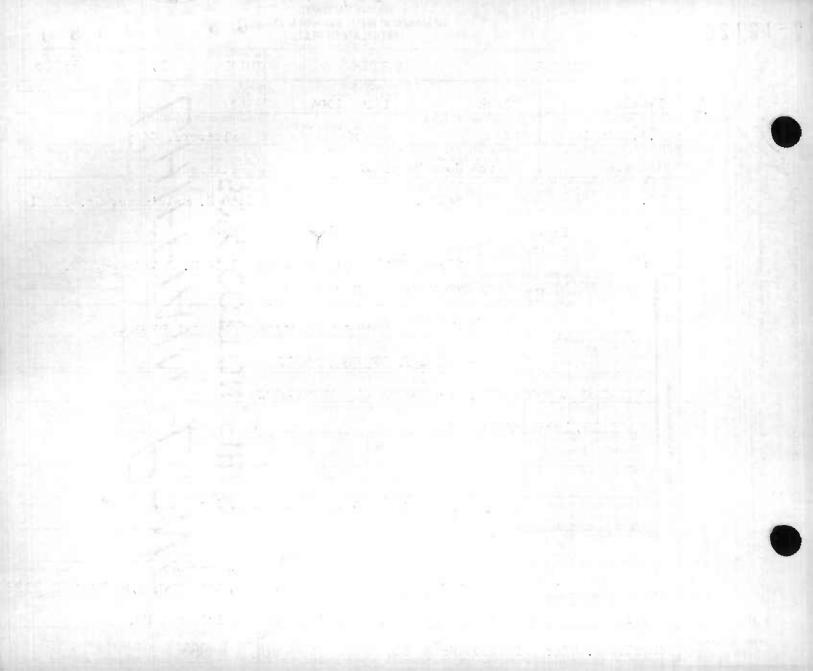
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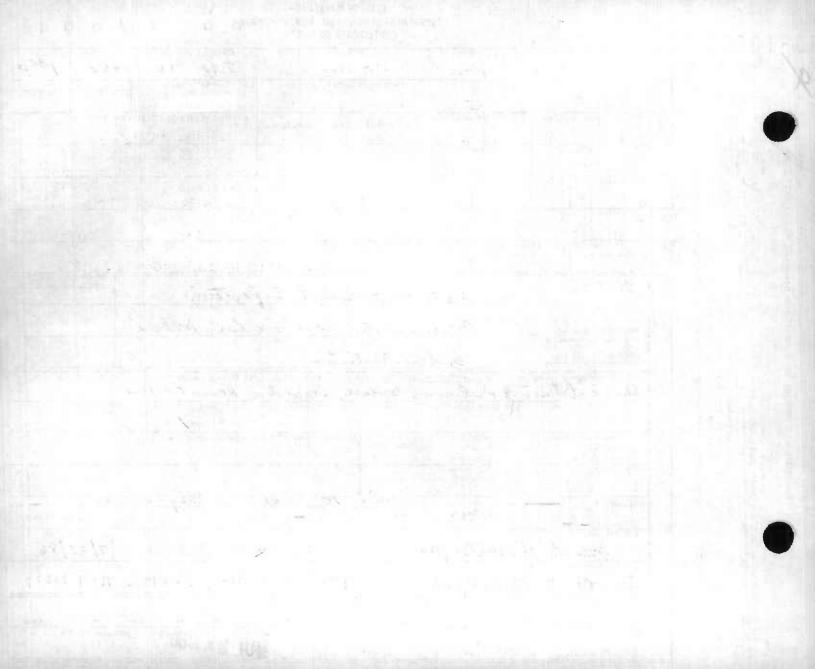
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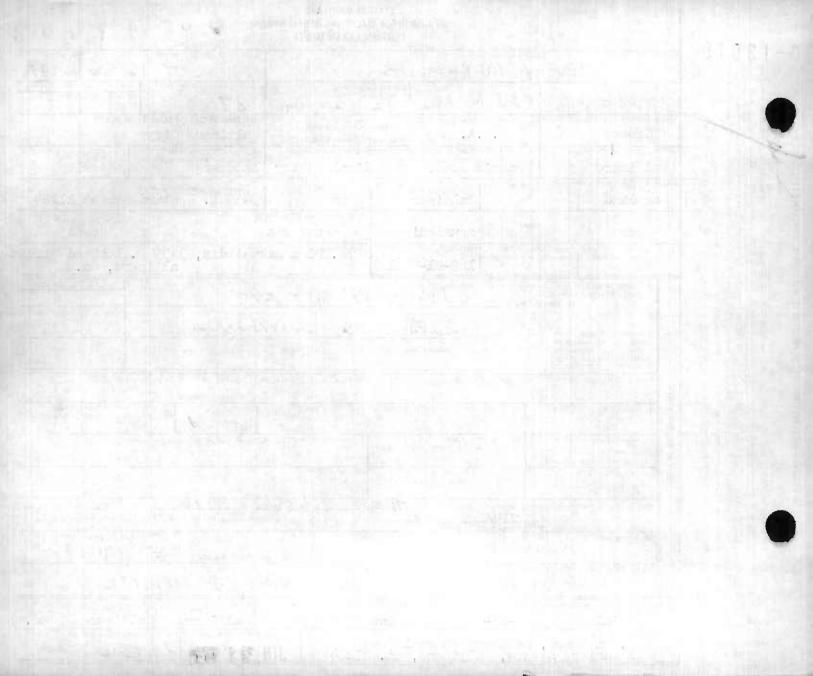
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12120	1	- STATE REGISTRAR	in .			CATE OF DEATH	REG. N	10	0 8	U
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or, po	3. St		4. RACE		5. DATE OF	DAY YEAR	6. AGE (IN YEARS LAST BE	MONTHS	DAYS HOUR	DER 24 HR
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人员是		ltimore	Churc	h Home Ho	spita	1	Retirred		USTRY	
原 海	USU 13a.	AL RESIDENCE (IF NURSING HOME STATE 136. CO	OR OTHER INSTITUTION, I UNTY	13c. CITY OR TOWN Balto.	NOMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	C+ 0:	1001
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* 01 - H		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		lan for the the	lan h				APPROXIMATE IN	NTERVAL
gned by m please bond, c		PART 2. OTHER SIGNIFICAN				ESOPHAGUS	AINAL DISEASE OR COM	NDITION GIVEN IN I	PART Ita	
8 at 5 at	<u>6</u>	CARDIAC ARE					JS			
1 1116	CERTIFICATION	190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE	FINDINGS U	SED
4 5 4 4 5 6	/ I E	JUNE 23,198	6 DYSPH	AGIA			YES NO	YES 🗍		
though the state of the state o	/	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I		INJURY A. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM TO PART I OR	PART 2)	
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NER TAN		224 PHYSICIAN'S NAME (TYP		- 2		22e ADDRESS CHUI	HOSPIT	CAL		
PORT		CAROL S.	RAMSEY	D.O.		100N.BROAI			RYLANI	D 2
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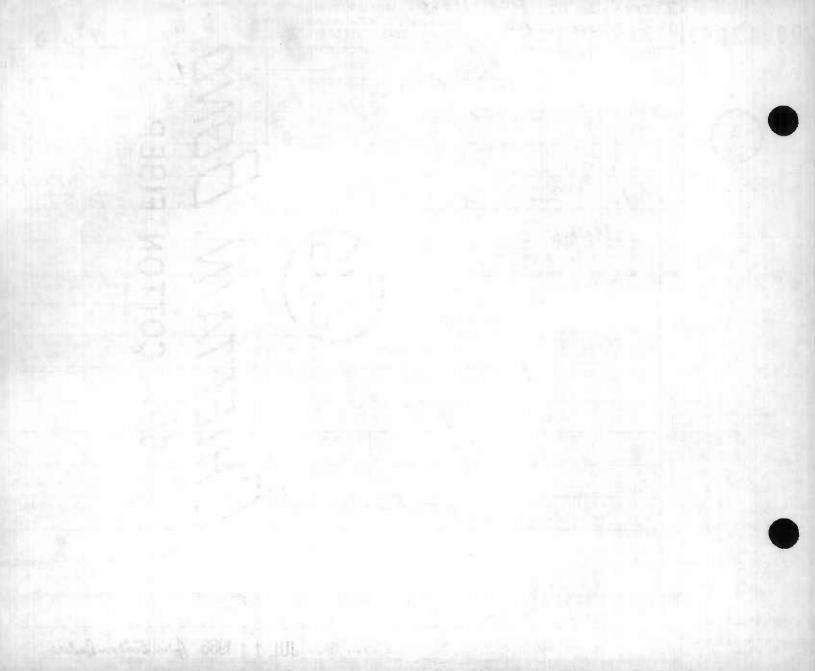
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d be	13a	STATE 13b. COUR	OTHER INSTITUTION GIVE RESIDENCE BEFOR		13e. STREET ADDRESS	Bakery
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pletel d 2 s	14 F	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WIDDLE	LAST
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ond o		(YES, NO OR UNKNOWN) (IF YES, GIT	/E WAR OR DATES)			
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low re sermit.	CERTIFICATION	190. DATE OF OPERATION		H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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TTEN Dital TOR for ur		sow the deceased alive on	ot) view the body offer death.	, and that in (my) (opinion	death occurred on the dat	te and haur and from the causes stated
hosp hosp hed		22b. SIGNATURE	or view the body offer death.	DEGREE		22c. DATE SIGNED
At D At D detoc		Joseph	H Miller, mo	ATTENDING PHYSICIAN	MEDICAL STAFF	AN 1/27/86
TO HOSPITAL TO FUNERAL Should be de with the Stort		JOSEPH H.	Miller mo	220. ADDRESS 400 CATON		etmine Md 21229
Show with	23e	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
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DHMH-16 30M 2/80	24 F	FUNERAL DIRECTOR		21229 250. DA	TE REC'D. BY REGISTRAR 2	Sh. REGISTRAR SHOWATUR
(VRA 15, 4)	T	Jubbard Funeral	Home Inc 4107	Wilkens Ave	MIN 28 1989	U



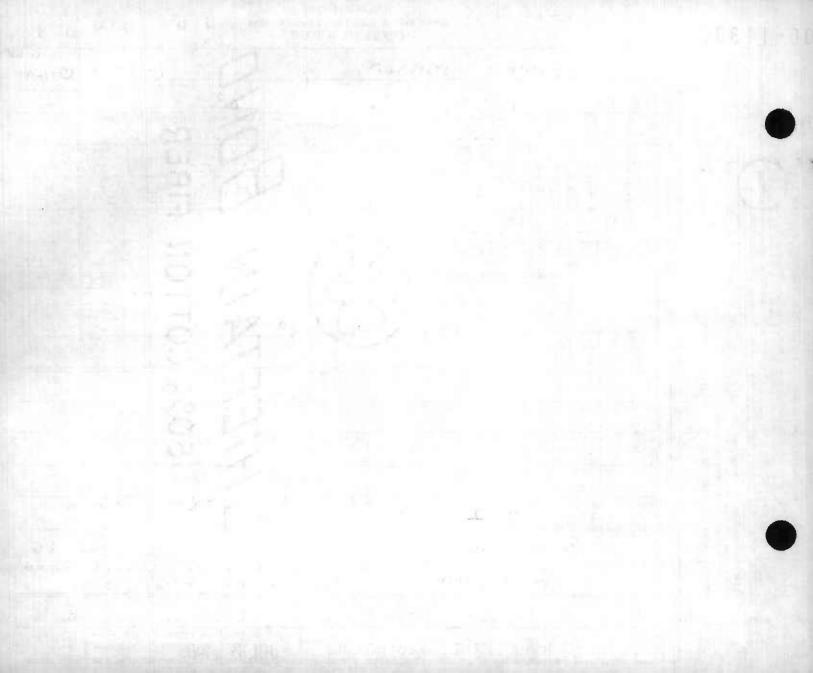
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a de la constante	1		AS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (IF YES, GIV NO	IT WAR OR DATES	0011 SECU 9-01-8		MTS. Olga Ma	rusiodis, 3	439 E. altimor	Lombar ce, Md	rd Stree
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by the	,		226 PHYSICIAN'S NAME LIVE C	g Club			ATTENDING PHYSICIAN [MEDICAL STAF	FIAN	7/16/	86
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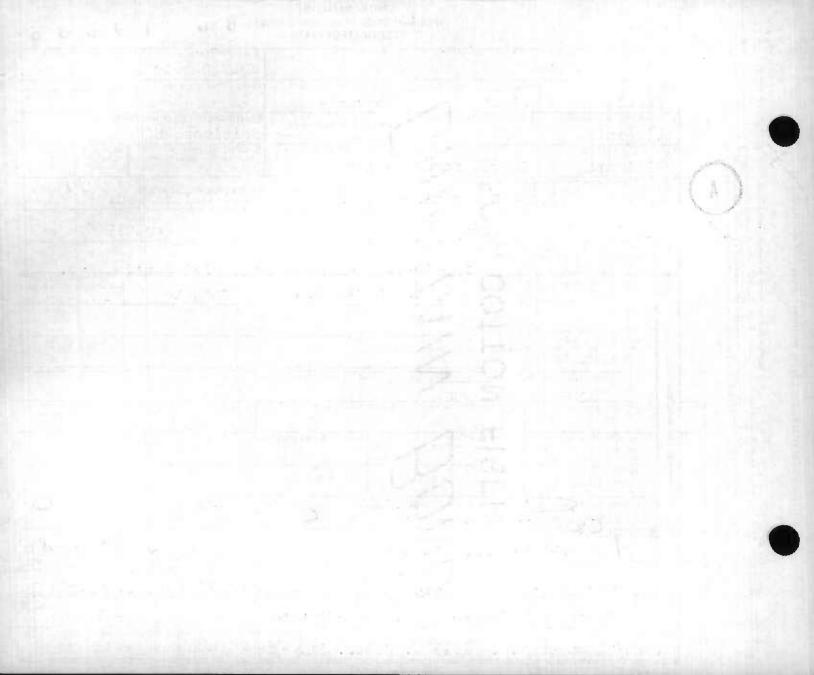
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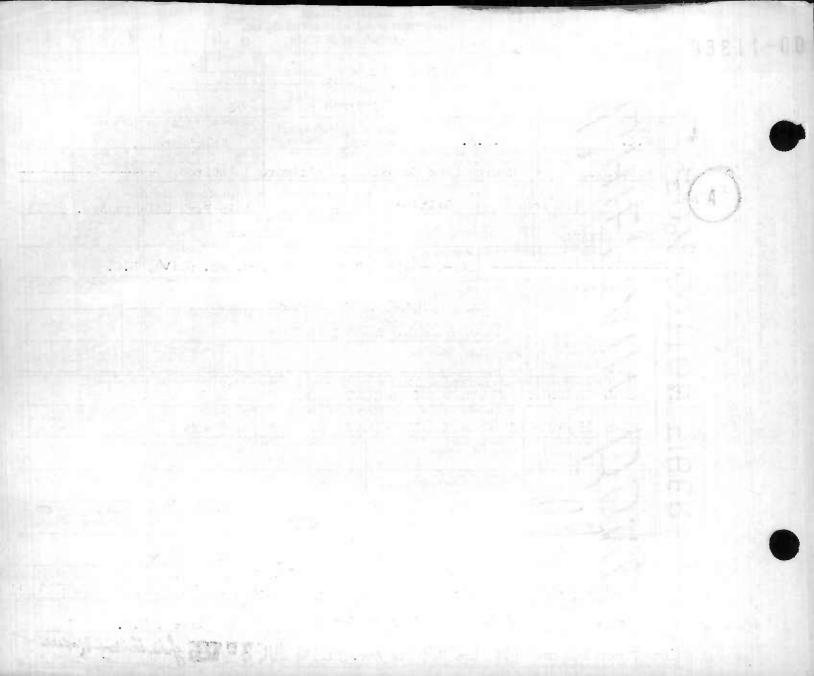
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL - STATE REGISTRAR DECEASED NAME 24 DATE KNOWN (TYPE OR PRINT) OF NERAL DIRECTOR. FOR YOUR FILES. VITHIN 72 HOURS PRESTON STREET, DEATH MATED X Elmer Matt 7-16 1986 A. 4 RACE IF UNDER TYR. 7:11 5 DATE OF BIRTH & AGE IN YEARS 68 BIRTHDAY IF UNDER 24 HRS DATE MON PRONOUNCED 18 Male White To 86 DEAD D. M 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED T NEVER MARRIED Maryland U.S.A. 17.2, AND 3 TO THE FUNE M 3. RETAIN PAGE 5 FO D 2 SHOULD BE FILED, WIT THAL RECORDS, 201 W. PR WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Security Guard Pinkerton Sec 2315 Sidney Avenue Baltimore USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 2315 Sidney Ave Maryland 13d. INSIDE CITY LIMITS? Baltimore YESXX 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME URS AFTER DEATH.

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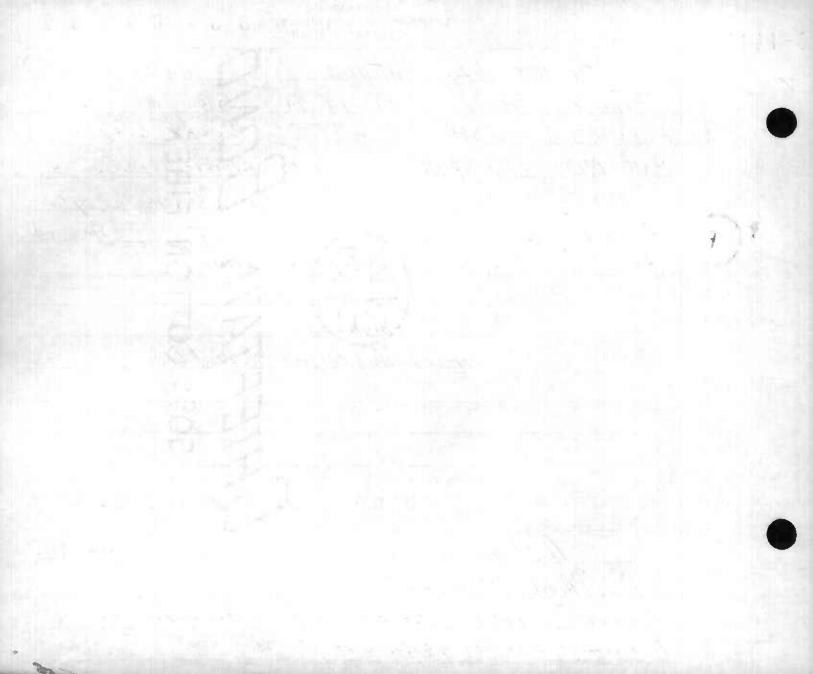
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IT PAGES 1 AND 2. John Mary Wolfe Matt 17. INFORMANT Md 21206 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS LYES NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES) 218-01-9796 Blanche R. Shelly 5927 Marluth Ave Balto No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, ATION, OR REMOVAL IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 161 MEDICAL OF HEALTH CERTIFICATION FICATE, WRITING THE WORD "PER SE FORWARDED TO THE CHIEF M CTOR: PAGE 3 SHOULD BE USED A HTHE STATE DEPARTMENT OF HEA (LAND, 21201 PRIOR IO BURIAL, C. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NOXX 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR WEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 Inspection XX 220 I certify that I took charge of the remains doctribed above, held an Autapsy Inquiry ond in my apınıar death resulted Homicide Undetermined monner TITLE (SPECIFY) Assistant 7 - 18 - 86MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St., Balto., Md. Dennis F. Smyth, 21201 M.D. TYPE OR PRINT ADDRES 230 BURIAL, CREMATION, REMOVAL 236 DAJE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 7/21/86 Burial Glen Haven Mem Park Glen Burnie Md 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE! 4001 Ritchie Hgwy Balto Md **DHMH - 17** George J. Gonce (VR A15 ME (51)

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STATE OF MARYLAND





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE 20 DATE OF DEATH (TYPE OR PRINT) 8 HELEN MAY 3 SEX IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH DAY YEAR Female White 1906 Aug. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Md. DIVORCED | WIDOWED T BALTIMORE CITY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE UNION MEMORIAL HOSPITAL Housewife. JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 136. COUNTY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Md. Baltimore NO [4303 Walther Ave. 21214 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE Jacob Quick Catherine List 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 21087 HE YES, GIVE WAR OR DATES LYES NO OR UNKNOWN) 219-20-5228 Leroy H. List P.O.Box 177 Kingsville. Md no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH IEnter only one cause per line to 101, (by and ic PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED M CERTIFYING CAUSES OF DEATH? NOL Hygi 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 45 P.M. VILL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19/ MEDIC 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) AT WORK NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an and that in (my) (our) apinian death accurred andhe date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death DEGREE MEDICAL ATTENDING STAFF be deta e State [FUNERAL old be deta DIRECTOR PHYSICIAN PHYSICIAN IN THE LIAN'S NAME MPORT 201 E. UNIVERSITY PKWY 23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23h DATE CITY OR TOWN STATE BP Burial 7-21-86 Parkwood Baltimore, Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE - 16 60M 7/B4 Leonard J. Ruck, Inc. 5305 Harford Rd. 21214

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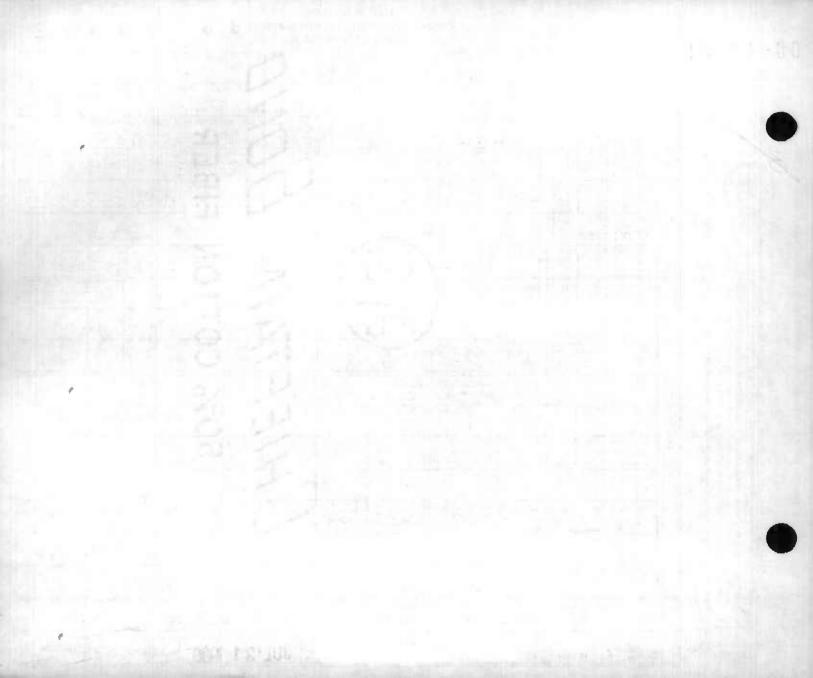
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t the		cause (a), stating the underlying cause last	DUE TO, OR AS	A CONSEQUIL	SE OF		Van
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TEN OR OR		sow the deceased alive above, (1) well did (aid)	See La		and that in (my)	on death accurred on the date and I	
OR AT DIRECT DORECT Doched for Doept of	1	276 SIGNATURE	of view the body ofter	r death.	DEGREE		
Der He		10mlles	AN a Pos	~MI)	ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
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HOSPITAL med by the FUNERAL uld be dert on the State ORTANT:	1	WEGLEI			270 ADDRESS	Jed Smin La	Balte Md 21210
TO FUNE should be with the SMPORTA	-				200		51.01
	230.	BURIAL, CREMATION, REMOVA			ME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
BP		Burial	7/3/86	N	ount Olivet	Frederick,	MD
DHMH - 16 60M 7/84	24 1	UNERAL DIRECTOR Hen	y W. Jer	kins.&		DATE REC'D. BY REGISTRAR 256, REG	ISTRAR'S SIGNATURE
(VRA 15, 4)	4	905 York Roa				UL 3 1986 Julia	Davidson-Rondoles

A DESCRIPTION ASSESSMENT ASSESSME BENEFIT COST OF CARS STATE ______U Taidher Landine T 4213 Winside Fd. . 16121 2 Frallenick. tov for the first section of the first Hanney. Parking his one Co. ASSE VORGEORAL ENTO., NELL 21919

of director, page 3 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician NDING PHYSICIAN: The

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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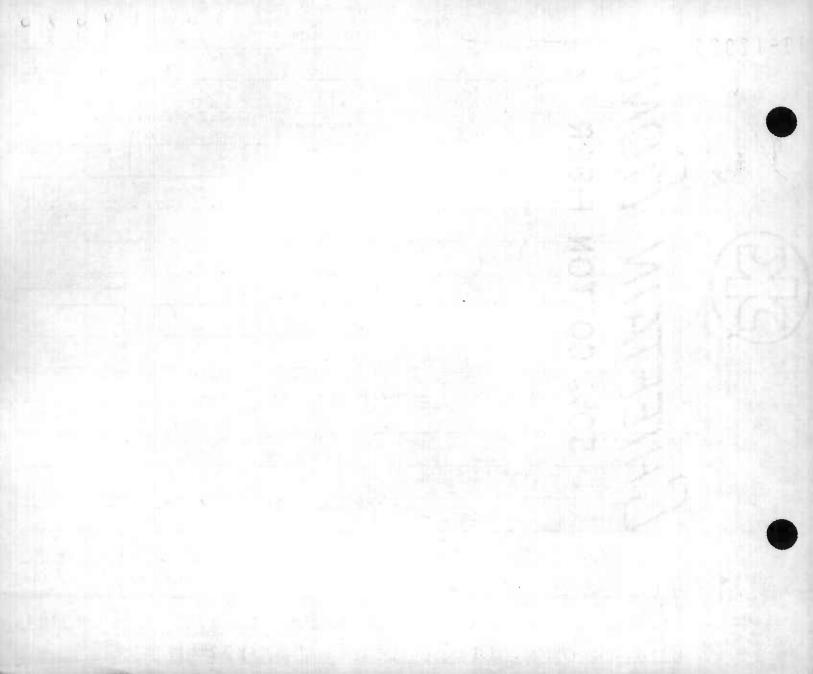
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		THER'S NAME FIRST Frederick			Hagedorn		Mary	MIDDLE		LAST
		VAS DECEASED EVER I YES, NO OR UNKNOWN) NO	N U.S. ARME (IF YES, GIVE W	VAR OR DATES)	SOCIAL SECURIT 215-09-54		Mr. William	ADDI		as 13e
		18 CAUSE OF DEATH PART I. DEATH WA	S CAUSED E	BY.	e for (o), (b), and (c	Asc	UD			APPROXIMATE IN
		Conditions, if ony, gove rise to imm- couse (a), stating underlying couse	ediote	DUE TO, OR A	S A CONSEQUENC	CE OF				
7	CATION	gove rise to imm- couse (a), stating underlying couse	ediote the lost.	DUE TO, OR AS		<u>ath</u> But no		RMINAL DISEASE OR COL	20b. IF YES, V	VERE FINDINGS U
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DHMH - 16 60M 7/84 (VRA 15, 4)

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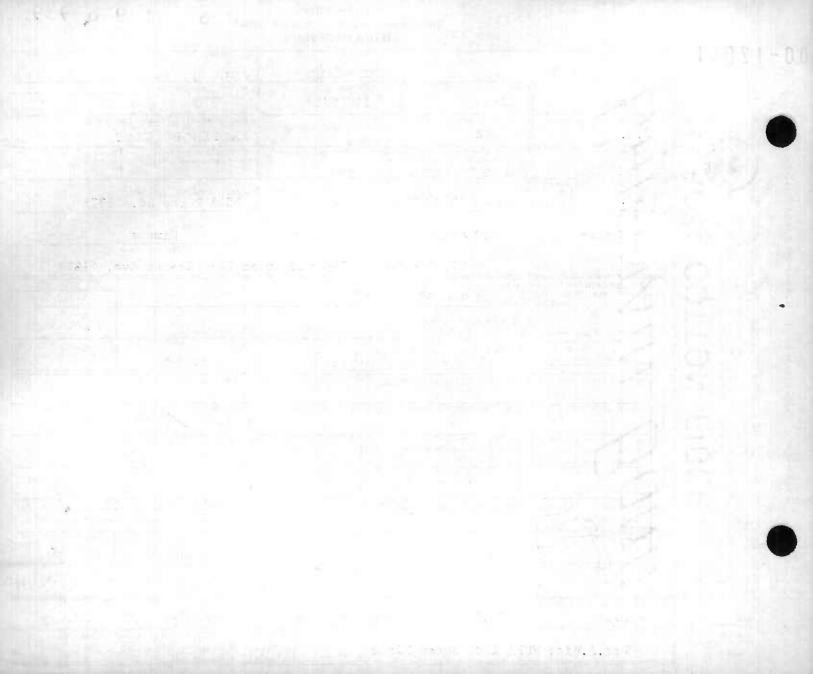
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ding ding or re or re	912	DUE TO, OR AS A CONSEC			
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to the state of th	underlying cause last.	10 HYPE	N CALCEMIA		
Paris Paris Property Co. Pr		T CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM		VEN IN PART Tra
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1 41464	PUST - OB	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
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A STATE OF THE PARTY OF THE PAR	OR CONTRIBUTING CAUSE OF		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
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Afre of the other	AT WORK	and the same of a last and the same of the	n 6 · 26 10 81	5 10 7 -6	
Name of the Party	saw the deceased alive	spital) attended the deceased from		death accurred an the date and has	19_4C, that (I) (we) lo
A DE SOO	abave, (1) (we) (did) (did	nat) view the bady after death.	DEGREE	and the date and the	22c. DATE SIGNED
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51 54 3	23a BURIAL, CREMATION, REMOV		L NAME OF CEMETERY OR CREMATORY	23d LOCATION	
RP	Burial	7-11-86	Cedar Hill	CITY OR TOWN	Manyland
	24 FUNERAL DIRECTOR	/-11-00		Anne Arundel E REC'D. BY REGISTRAR 256. REGIST	Mary land
DHMH - 16 60M 7/84 (VRA 15, 4)	Wm C March F/H	Inc. 1101 East	¢	1 1 0 1986	- Williams
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ithii thii	14 FATHER'S NAME	MIDE	DIE DE	ST /	15. MOTHER'S MAID	EN NAME	WIDDLE		. LAST	
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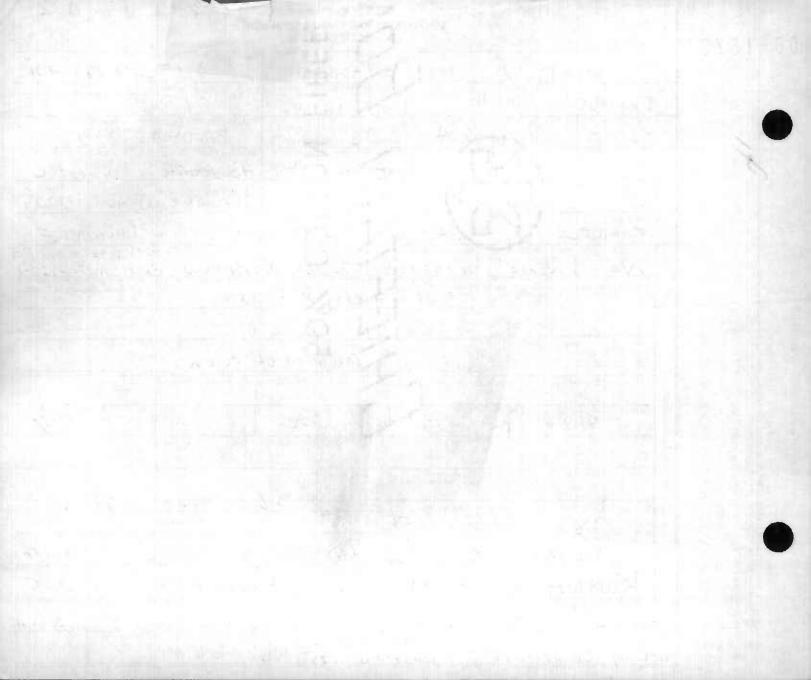
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y be		JAME			MCC	RACKEN	JULY 6, 1986	4	:03F
	3 SEX		4 RACE		5. DATE (6. AGE IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOU	DER 24 HRS
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TO HOSPITAL TO FUNERAL should be det with the State		224 PHYSICIAN'S NAME (TYPE OF	N. KIM 301 S. Hanover St. 21225
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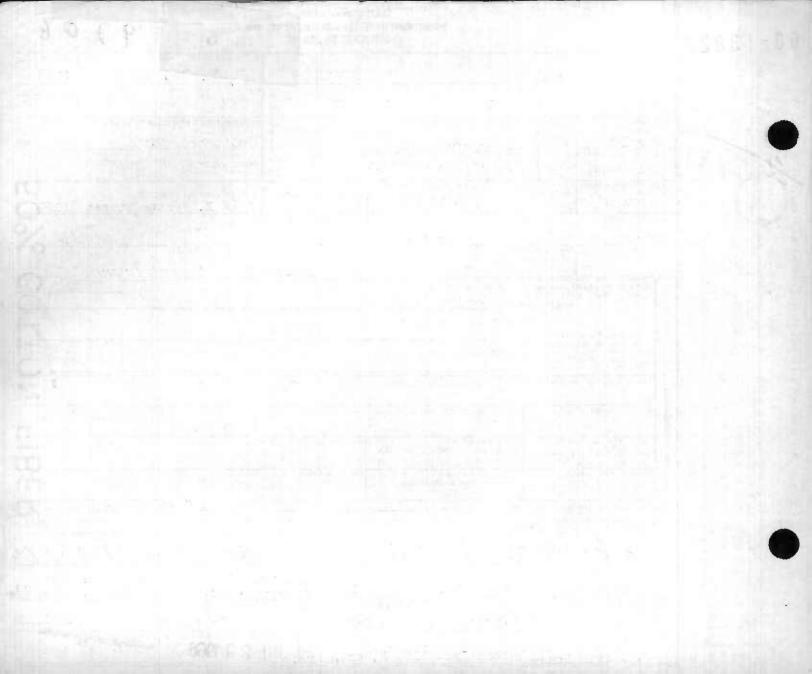
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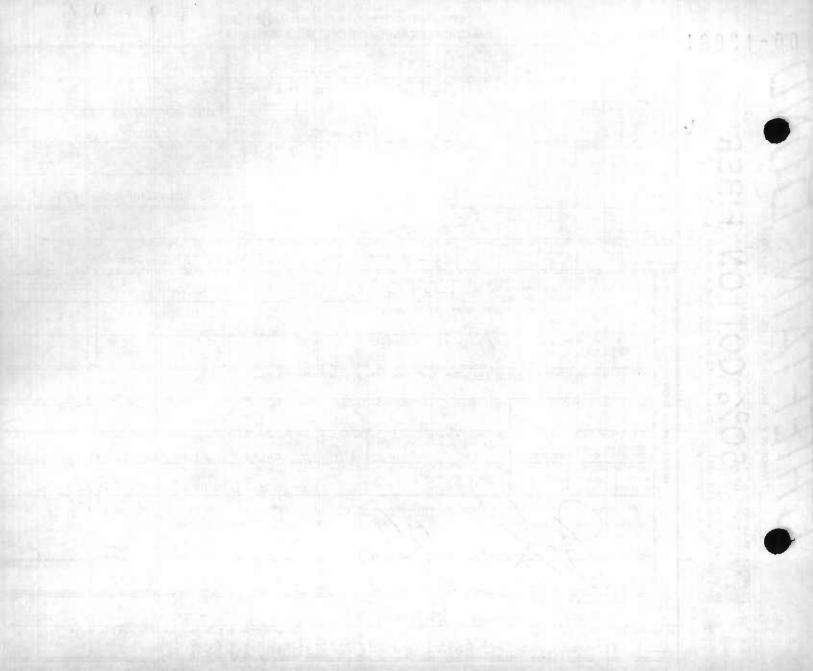
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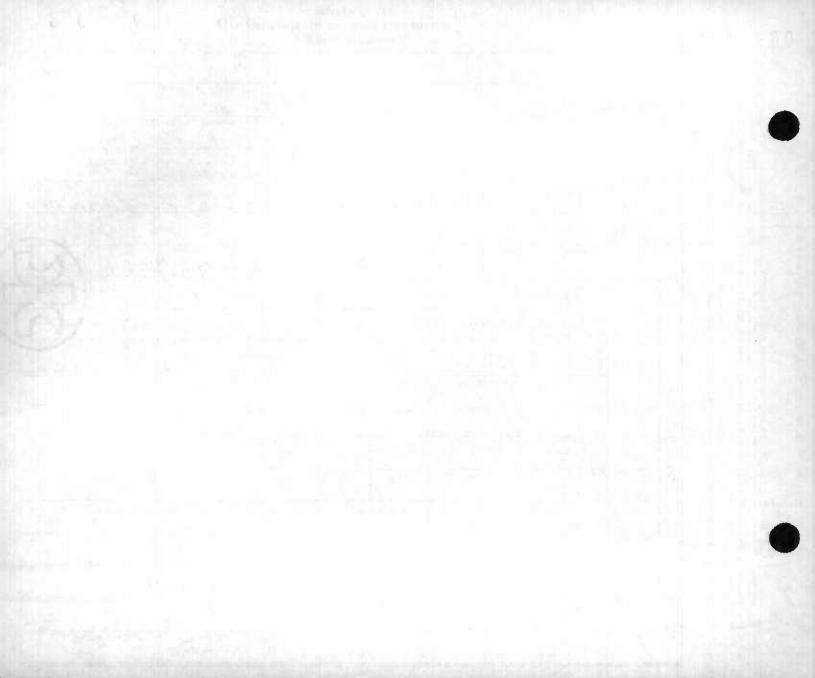
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he low re	hos been permit, erre pripr	2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?	
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At OR A	the hosp			276 SIGNATURE A - P - NO		u Ma		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c.	DATE SIGNED	
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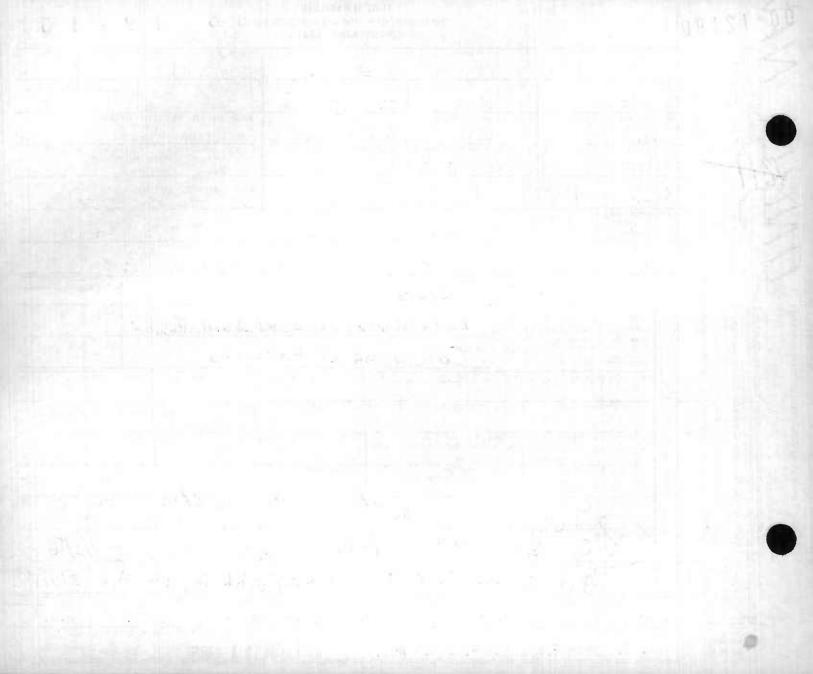


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN MONTH (TYPE OR PRINT) ESTI-Travis McLaughlin DEATH MATED 186 4 RACE 3. SEX & AGE (IN YEARS IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED :30 16 YRS Black 6 20 1970 Male DEAD 7-20 19 86 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) New Jersey U.S.A. Baltimore City WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH 20 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Stdent OR INDUSTRY Baltimore St. Agnes Hospital ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 CITY OR TOWN CZTIMIL YTIN BOIZNI BEI 711 N. Grantley St. 21229 Maryland Baltimore YES X NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIOOLE Farrell Williams McLaughlin A. Nancy 8. GIVE PACE WITH FORM 166 SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 148-62-9879 Nancy McLaughlin 711 N. Grantley St. 21229 No 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) PART I DEATH WAS CAUSED BY BURIAL - TRANSIT PERMI AND MENTAL HYGIENE, ATION, OR REMOVAL. Multiple stab wounds of back (3) and right IMMEDIATE CAUSE (a)_ thigh DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" TAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BUR AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATH AND SHALM, MORD, AND STORID PROBUSAL, CREMATING PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MONTH DAY YEAR UNDERLYING BOR CONTRIBUTING CAUSE OF DEATH 1:30.M. 7-19 Subject stabbed during alleged altercation 19 86 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f LOCATION STREET FACTORY, FARM, ETC.) WHILE AT WORK 600 block Noth Lynhurst Ave., Balt. City, Md. treet Autopsy X 27s I certify Plat I to: s described obove, held on Inspection charge of Inquiry and in my opinion Hamicide X death resulted from Undetermined monner TITLE (SPECIFY) ACTUAL DATE 7/20/86 Chief SIGNATURE MEDICAL EXAMINER John E. Smialek, M.D. 111 Penn St. Balto.MD. 23¢ NAME OF CEMETERY OR CREMATORY 236 LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE COUNTY STATE Fairlawn, Burial Fairlawn Cemetery 7-25-86 New Jersey 07/B4 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE. **DHMH - 17** Bailey Funeral Home 1348 N. Calhoun St. 21217 (VR A15 ME (5))

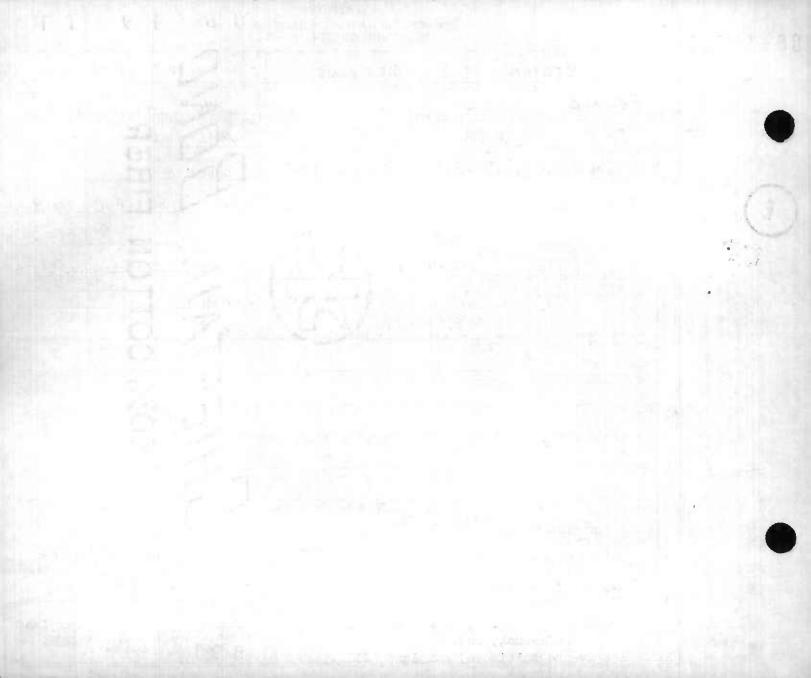




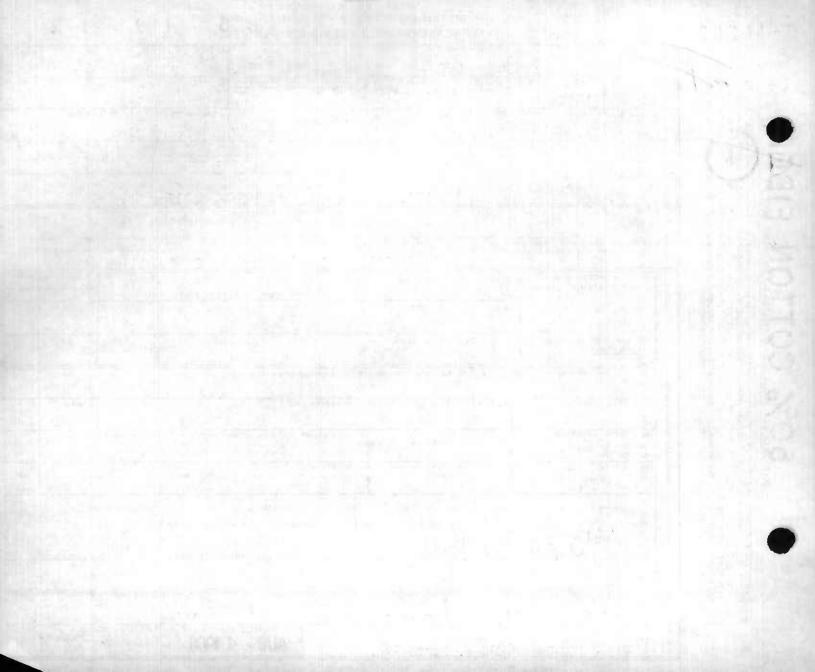
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY ENEX - STATE 00-12704 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN I. DECEASED NAME MONTH YEAR 9 25 HOUR (TYPE OR PRINT) ESTI-Isaiah DEATH MATED William 14 1986 McPherson 9:50 a M 6 AGE (IN YEARS SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 1908 Male B 8 14 1986 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TWNEVER MARRIED FOREIGN COUNTRY Baltimore City. U.S.A. N.C. WIDOWED DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS B CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY Lutheran Hospital cook Baltimore food AIN PA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21216 13a. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY 2923 Westwood Avenue Balto. YESX NO [Md MD. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST McPherson Ida McPherson Henry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT A20923 Westwood Ave. Mrs. Mardie McPherson 220 24 4937 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease and USED AS A BURIAL - TRANSIT OF HEALTH AND MENTAL HYC RIAL, CREMATION, OR REMO' Conditions, if any, which XXX Chronic obstructive pulmonary disease gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR LINDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY JATHOME 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED FOR THE FORWARDED FOR THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Natural causes X_ death resulted fram: Accident Homicide Undetermined manner TITLE (SPECIFY) 7/14/86 M D Assistant MEDICAL EXAMINER EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Md STATE Taurel 7/18/86 Md. National Burial 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** James A. Morton & Sons 1701 Laurens (VR A15 ME (5))



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(VRA 15, 4)	15	22 Wise Avenue	Baltimo	ore, Maryl	and	21222 AUG	0 1000	1		A.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME FIRST 26. DATE KNOWN X MONTH 26 HOUR (TYPE (28 PRINT) DEATH MATED 7-22-86 CURTIS LEE Sr. MEGGINSON 4 RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER IF UNDER 24 HRS DAY 24 DATE 2d HOUR PRONOUNCED 1928 57 MALE BLACK DEAD 7-22-86 19 11:30a To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) VA. U.S.A. X Baltimore City WIDOWED [DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! PAINTER Baltimore University Hospital - STU SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Re STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY MD. BALTO 2534 Hollins St NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST MAJOR MEGGINSON 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) CIE YES GIVE WAR OR DATEST NO 217-24-1311 Katrina Miller 2534 Hollins St. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries with complications DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULL E DEPARTMENT C YES X NO 1 71a EXTERNAL CAUSE WAS 216 TIME OF INIURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR pedestrian struck by a tractor trailer CONTRIBUTING CAUSE OF DEATH 11:15a 6-29-86 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK Old Point Rd. & NOrth Pt. Blvd. Balto. Co., Md. street EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW.
TO FUNERAL DIRECTOR, PATER DEATH, WITH THE ST.
BATTIMORE, MARYLAND, 2 Autopsy X 22a. I certify that I took charge of the remains described above, held on Inspection Inquiry and in my apinion Acgident X Suicide Hamicide L Natural causes Undetermined manner TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER 7-23-86 SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Burial 7/29/86 Md. Fastview Cemetery 07/84 Baltimore. 25M 24 FUNERAL DIRECTOR 25) REGISTRAR'S SIGNATURE 750. DATE REC'D. BY REGISTRAR **DHMH - 17** AUG William C. Brown (VR A15 ME (5)) 1206 W. North Ave



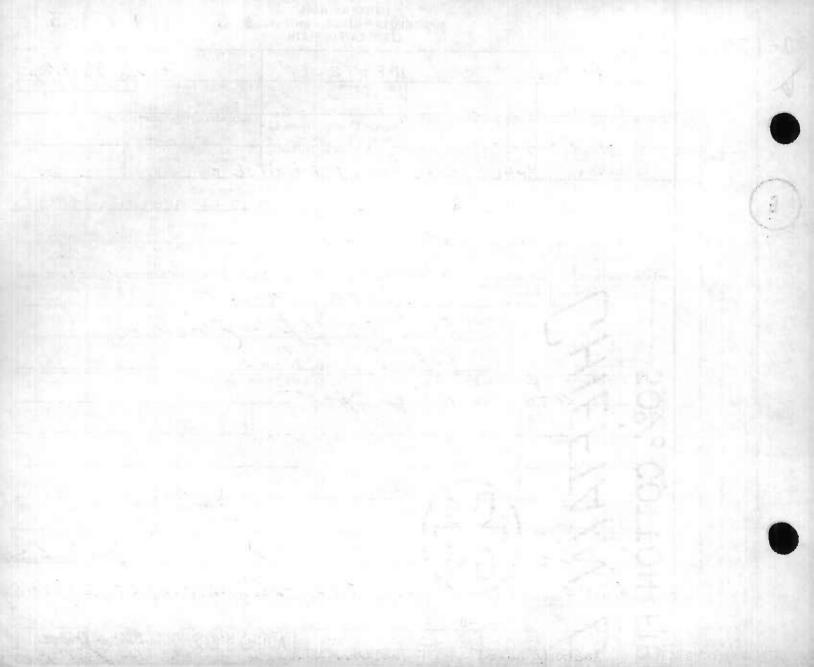
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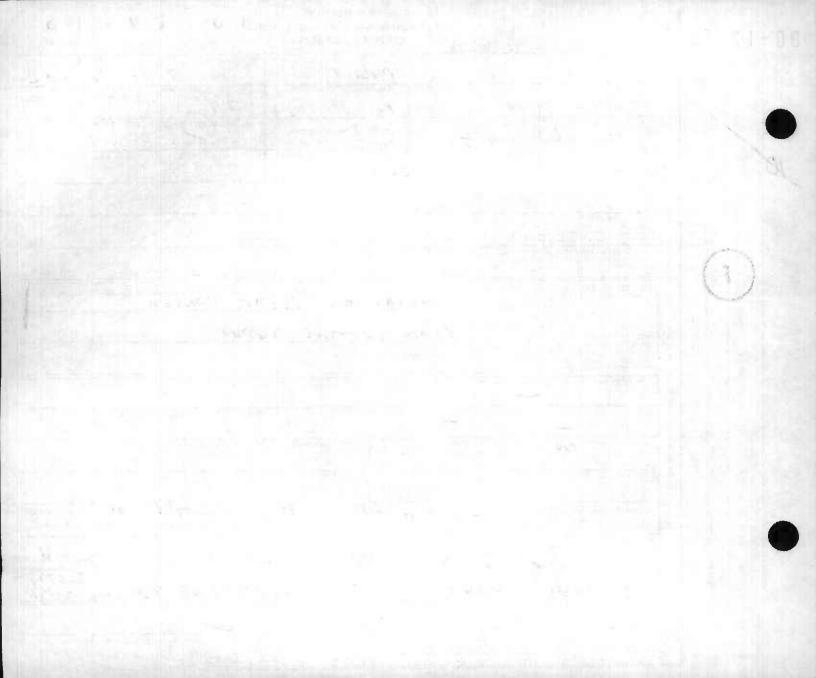
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be exect on and a second or and a second or and a second or a seco		NAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	ocial security no. $7 - \Omega 3 - 9873$	Deloras	Bishap	3228	Dorittan Rd
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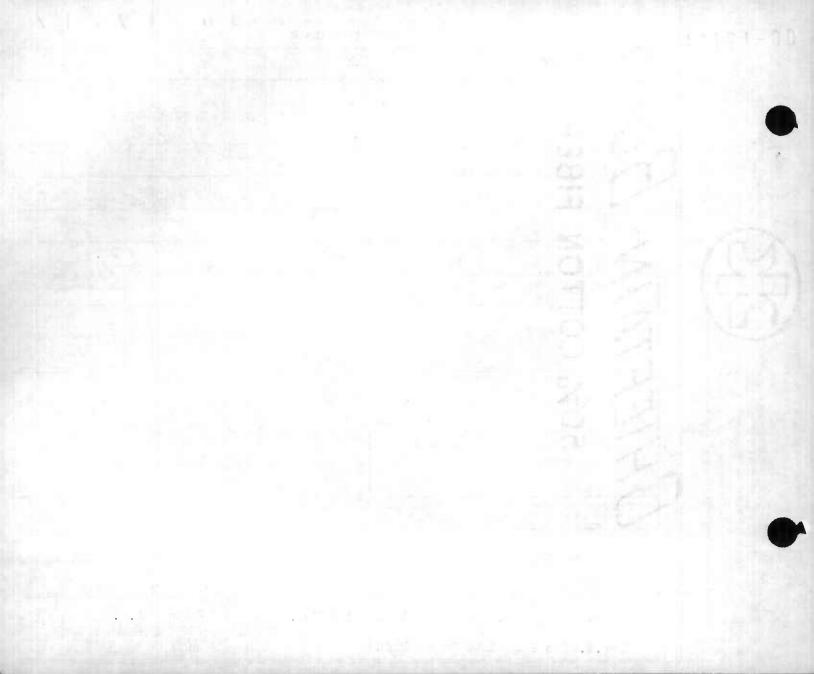
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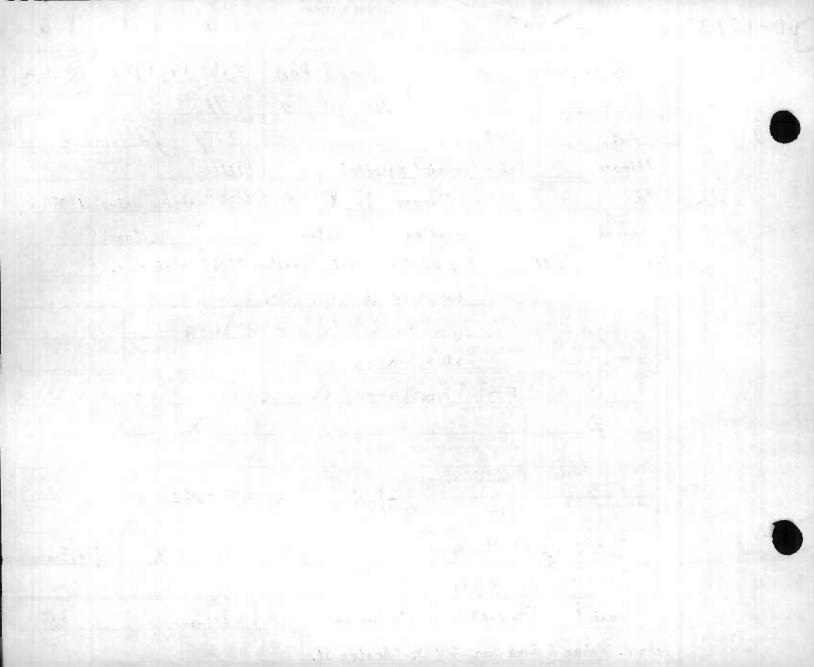
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4 may be oi. page 3 offer death	3 SEX		w hite	S. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I Y	7
O 125		THPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTR	Y2 8	□ NEVER MARRIED □	Baltimo		H
W 37		Y OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME O		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF NO.	ON 17b. KIN DE WORKING LIFE) INDUS	ID OF BUSINESS OR
within 24 hour	13a. S N 14 FA	THER'S NAME	Y 13c. CITY OR TO Balto	DWN I	13d INSIDE CITY LIMITS? YES X NO 1 15 MOTHER'S MAIDEN NA FIRST	13e STREET ADDRESS A 3231 Er		21213 LAST
BALTIMORE, MARYLAND cote be executed within 24 cote be executed within 24 cote be executed within 24 cote becominer must	16a W	AS DECEASED EVER IN U.S. ARM ES NO OR UNKNOWN (IF YES, GIVE)	ED FORCES? 166 SOCIAL SE		Mary Gos 17 INFORMANT Edward Ho	ADDRE		en Circle
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he law rango. has been to permit. ene priore.	TIFICATION	9a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIT IN CERTIFYING CAU YES	NDINGS USED USES OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir r attending physician. Ther this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b norked or frem 18 shows any injury	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	19	21t HOW INJURY OCCUR 21f LOCATION STREET	RED (ENTER NATURE OF INJU		
OR ATTENDI or hospital or DIRECTOR. A oched for use Dept of Heal	The same	270. I certify that (1) (this hospito saw the deceased alive an above, (1) (we) (did) (did nat) 27b. SIGNATURE	- 1/3	82, an	d that in (my) (aur) apinion DEGREE ATTENDING	MEDICAL STAI	22c D	that (1) (we) lost the couses stated ATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be der with the State		22d PHYSICIAN'S NAME	GARER			DIRECTOR DHYSIC		BALTI, 12
BP	230. B	JRIAL, CREMATION, REMOVAL PECIFY) Urial			Redeemer	23d LOCATION CITY OR TOWN	Balto Md	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	S	^{NERAL DIRECTOR} Chimunek Fune 331 Brehms La	eral Home,	nc.		L 15 1986		NATURE



		Ι,	FOR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H	YGIENE 8 6	19717
00-1	2121	1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
0 0 1	2124		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	NTH DAY YEAR 26 HOUR
9	r deoth	(TYP	Thomas	NMT	Merrick	To be	5 1986 540AM
моу	bod a	3. SE		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	1700 0 77111
4	offi		Male	B	MONTH DAY YEAR	7/0	MONTHS DAYS HOURS MIN.
6	32 1		IRTHPLACE STATE OR FOREIGN 7	CITIZEN OF WHAT COU		9. BALTIMORE CITY OR C	
			N.C.	U.S.	WIDOWED DIVORCED	Sal.	Know C. to MD.
K	話 牧	10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
77	IL DO	1	Baltimore (tu)	University C	1 m = 11 //	(TYPE OF WORK FOR MOST OF WO	DRKING LIFE) INDUSTRY
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7	33		MD BOLL	1	The mare YES NO D		roder ST
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ž š	Poges medico		YES, NO OR UNKNOWN) (IF YES GIVE!	WAR OR DATES)	-10-5223 Jean Men		nwood Dr. Ball MO
ote b	e		18 CAUSE OF DEATH (Enter only	one source per line for (a)	10 000 1 000	CL 5300 L	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a 0	physic npope novol		PART I. DEATH WAS CAUSED	BY.		1 - 1 - Poil	
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5 ÷ 0	e co on, o		Conditions, if ony, which	DUE TO, OR AS A CON	M 11:	Orean Pailus	
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š 5	by the		couse (o), stoting the underlying couse last	DUE TO, OR AS A CON	1 1 1 1 1 1	///	
s th	pleo pleo , or , or		PART 2 OTHER SIGNIFICANT CO			William	
לה לה	hen hen to bi	Z	11/.		1 4 4	RMINAL DISEASE OR CONDITION	ON GIVEN IN PART 110
low require	muit I	AT A	190 DATE OF OPERATION O	196 CONDITION FOR V	VHICH OPERATION WAS PERFORMED	20g AUTOPSY? . [20]	b. IF YES, WERE FINDINGS USED
e e	me p	띪	7/3/41		d Duodenal	IN IN	CERTIFYING CAUSES OF DEATH?
PHYSICIAN. The	ronsit Hygie 18 sho	CERTIFICATION	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		JRRED (ENTER NATURE OF INJURY IN	YES NO
Phy	Alto III		OR CONTRIBUTING CAUSE OF DEATH		H DAY YEAR	SILVED (ENTERIANDRE OF INJOH) IN	TEM TO PART I ORPART 4)
YSK	burio burio or Ite	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	211 LOCATION		
PH S PH	the the	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, C		CITY OR TOWN	COUNTY STATE
NIO N	Afte olth nork				7/	7/-	
1 To lo	OR: Hee		220 I certify that (I) (this hospital saw the deceased alive on			(10 1/5	nnd hour and from the couses stated
R ATT	ECT ed fo		sow the deceosed alive on _ obove. (1) (we) (did) (did not) 27b SIGNATURE	view the body ofter deoth.		on death occurred on the date o	
0 9	RAL DIRECTOR detoched tote Dept NT: # #em		110 SIGNATURE	1 n1	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
ITAL by t	RAL det		22d. PHYSICIAN'S NAME (TYPE OR F	ynn ///002	PHYSICIAN	DIRECTOR PHYSICIAN	7/5/86
OSP	FUNERAL uld be den hithe State ORTANT:		110. PHISICIAN SNAME (TYPEOR)	AINII	22e ADDRESS		
eto ned	should be deto with the State IMPORTANT: H	0.0	Valerie Lyn	a Moure	M1) 22 S. C.		Himore Med
		23o 6	SPECIFY)	23b DATE	230 NAME OF CEMETERY OR CREMATORY	23d. LOCATION	A CQUNTY STATE
BP_		04.7	Burial	7/10/86	Cedar Hill Cem.	Brooklyn	A.A. Md.
	16 60M 7/84	24 FI	INERAL DIRECTOR	ZCDA 1200 PAPP	855 D	ATE REC'D. BY REGISTRAR 256. I	REGISTRAR'S SIGNATURE
(VF	RA 15, 4)		Chas.A.Rice	SPA 1300 Eui	Law Flace	20F I I 1300	



00-12	796		FOR STATE REGISTRAR		PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		71	8
may be	er deoth		CEASED NAME FIRST OR PRINT) GERVAS	e F	S. DATE C		20. DATE OF DEATH JULY 6. AGE (IN YEARS LAST BIRT	MONTH DAY 7, 1986 HDAY) IF UND		26 Am
90 e 4	ors of		M	W	10	19 14	71	YRS		MIN.
4 3	22 ho		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF D	EATH	
To de	<u> </u>		TY OR TOWN OF DEATH	USt 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Union Memon		DR OTHER INSTITUTION	12a. USUAL OCCUPATH (TYPE OF WORK FOR MOST OF Utility		MORE KIND OF BUS DUSTRY	MD. INESS OR
AND 212	out to	USU. 13a S	AL RESIDENCE (IF NURSING HOME OR 136 COUN Md.	OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE	ve 2120	6
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MORE	Poges		VAS DECEASED EVER IN U.S. AR.	E WAR OR DATES	01 2025	Sonia Merrik	en 4634 Pank			
T., BALTI	anpapers. emoval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per line for (a),	(b), and (c).	lemontysis			APPROXIMATE IN	ITERVAL AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 21 must	oy me offending		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	ISEQUENÇE OF	cell Cancer	of Lung-			
ORDS, 20	t. Then pli or to buri	NOIL	PART 2 OTHER SIGNIFICANT C	L Atricl F	boillati	on, Chroni	c Obstruc	tive Pielh	manary J	
A REC	permit.	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	YES TO NOW	206. IF YES, WER IN CERTIFYING YES	CAUSES OF D	
JOF VITA	buriol-transit plantal Hygier ar Item 18 shav		21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA		H DAY YEAR	71¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM TO PART TO	RPART 2)	
NG PHYS	e os the bu	MEDICAL	** NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	0756-06	wn c	OUNTY	STATE
ATTENDI	forus of He 21 is			partie , prints	19.96	od that in (my) (our) opinion	death occurred on the do		from the couses	
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O HOSPITAL etained by the	ORT ORT		Jeffrey	A. GRASS		22e ADDRESS				
BP_			BURIAL, CREMATION, REMOVAL SPECKY) BURIAL	7-21-1986	HOLY R	EMETERY OR CREMATORY	Bultimone	coul	NIV	STATE
DHMH - 16	50M 4/83		UNERAL DIRECTOR	G AD	DDESS.		E REC'D. BY REGISTRAR	756 REGISTRAR'S	SIGNATURE	
(VRA	15, 4)	1/0	ohn M. Weber &	Sons Inc. 40	15. 1ho	Aton St Jl	1 1 0 1986		100m - 1 V	

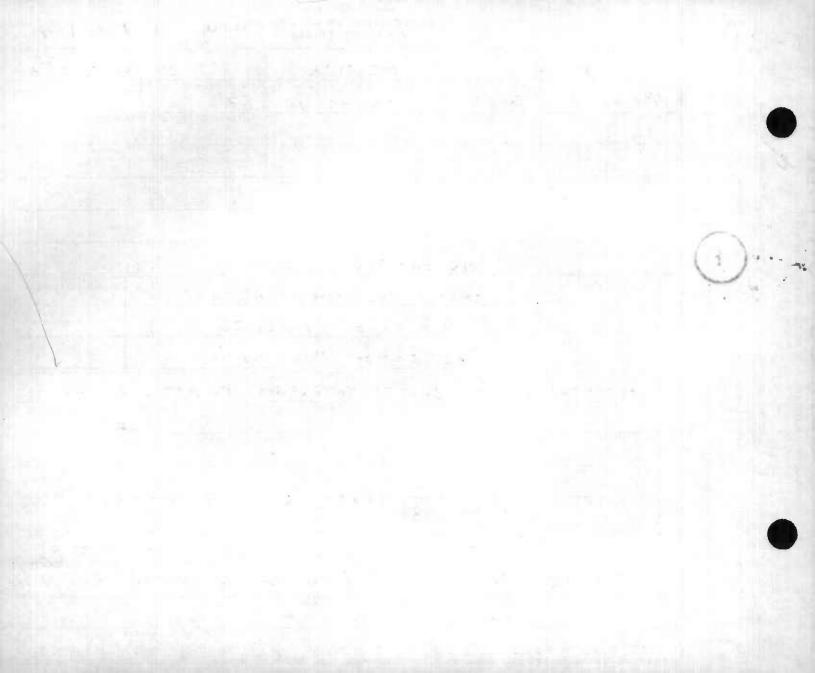


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by the filled with	2	BALTIMORE	LUTH	ERAN H	SPITAL	NOTICE INSTITUTION		OF WORKING LIFE	INDUSTRY	
oold be	13a	aryland 13b. CO		13c. CITY OR	town timore	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1100 Penr	zip code is yil van	ia Ave	e.21217
1	14 F	ATHER'S NAME FIRST	MIDDLE	LAS	T	15 MOTHER'S MAIDEN NA	ME MIDDLE			AST
~	0	John		Robin		Nora				
2553)	160	WAS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES!	The second	SECURITY NO.	17 INFORMANT	ADDR			
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λ 0 0 λ E		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU							BETWEEN	NIMATE INTERVAL NONSET AND DEATH
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n, or moti			DUE TO, C	OR AS A CONS	EQUENCE OF	ORY FAIL	URE		150	
anotion trou		Canditians, if any, which gave rise to immediate	(b)_						-	
crem		cause (a), stating the underlying couse last.	DUE TO, C	R AS A CONS	EQUENCE OF	ON PNHE	MONIA		4	
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Then to bu	Z					· JNTESTIN			SIEP	315
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Hygin 18	GE E	21a. ACCIDENT WAS UNDERLYING	- 110110 1	OF INJURY	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	RT 1 OR PART 2)	-4
ntol in	N N	OR CONTRIBUTING CAUSE OF C	CAIN	.M.	19		-			
d Me	MEDICAL	21d INJURY OCCURRED		OF INJURY	SELCE EADM ETC 1	211 LOCATION	CITY OR TO	OWN	COUNTY	STATE
rked	2	AT WORK NOT WHILE						~	01	
deplt s ma		220 I certify that (I) (this has	pital) attended th	he deceased f	rome /	-12- 19 86	, to	37-	986	, that (I) (we) lost
of 1		saw the deceased alive of abave, (1) (we) (did) (did			19 86 or	d that in (my) (aur) opinian	death accurred an the a	ate and haur	and Iram the	e causes stated
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should be d		SUD MIR		TEL		LUTHEIZ	AN, HUSI	PITAL	. 13.	MAIZY MAIZYMOZ
- 5 3 ≥	23a	BURIAL, CREMATION, REMOVA		0.6		EMETERY OR CREMATORY	23d. LOCATION		COUNTY .	STATE
		ISPE BURIAL	8/4/	86	Baltım	ore Cemetery	Baltimor		ſ	Md.
16 60M 7/B4		UNERAL DIRECTOR		101 -	RESS		E REC'D. BY REGISTRAR			
VRA 15, 4)		March Funeral	Homes 1	IUI Las	st North	Avenue i A	UG 1 1988			سالالهماي

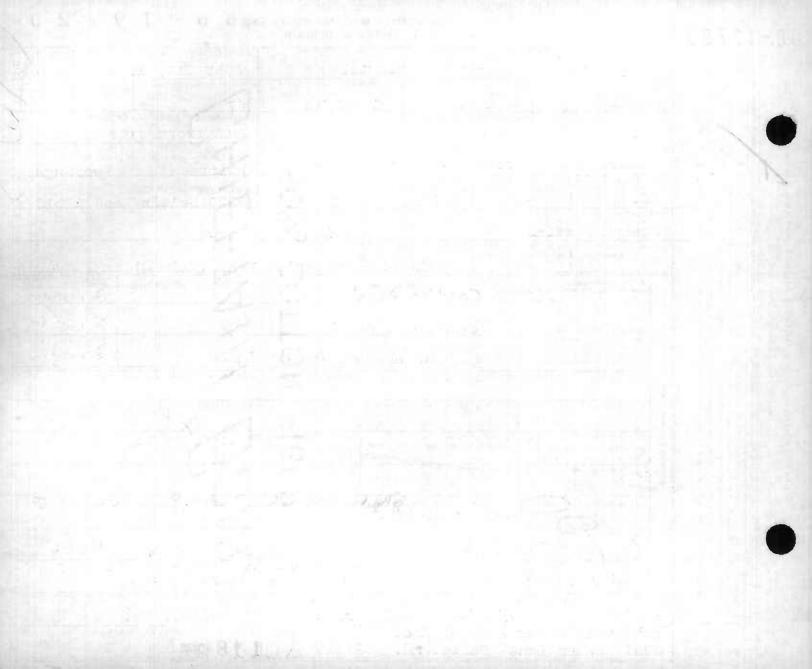
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

FOR STATE REGISTRAR



00-	127	9 :	9	1 -	FOR STATE REGISTRAR		DEF	ARTMENT C	ATE OF MARYLAND OF HEALTH AND MENTAL FIFICATE OF DEATH	L HYGIENE 8	6 REG. NO).	9 /	2 0
	m c				CEASED NAME FIRST	A	MIDDLE		EAST	20. DATE	OF DEATH	MONTH D	AY YEAR	2b. HOUR
	by be oge 3				HILOMENA	(MINNI)	E)		HAEL	_		7, 19		08:00%
	r. po			3 SE		4 RACE			TE OF BIRTH		IN YEARS LAST BIRT	HDAY)	ONTHS DAYS	1F UNDER 24 HRS
	ge 4			-	emale	Cau	c.		10/13/18	67		YRS		
	4 40	1	20	To BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	VTRY? 8	RIED NEVER MARRIED	9 BALTI	MORE CITY O	R COUNTY	OF DEATH	
	100	3	0	M	d.	USA		WIDO	WED X DIVORCED	BA	LTIMOF	RE CI	TY	MD.
5/	of the the	bolifor	33	0 CI	TY OR TOWN OF DEATH BALTIMORE	LIF NOT IN SUC	HEACILITY GIVE	STREET ADDRESS	NE OR OTHER INSTITUTION HOSPITAL	(TYPE OF V	ALOCCUPATK VORK FOR MOST OF	WORKING LIFE	INDUSTRY	GUVS
MARYLAND 242	d within 24 lou npletely filed in and 2 should be	xomine man be		M 14 FA	ATRESIDENCE (# NURSING HOME OF ITALE	MIDDLE	Bal	to.	13d. INSIDE CITY LIMIT YES NO 15. MOTHER'S MAIDE FIRST Anita	13e.STREE	T ADDRESS / 20 Bel	ZIP CODE		21213
ALTIMORE, A	n and fomp	medicale	1	Ióa V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? VE WAR OR DATES)		03-66			ADDRES		same	addres
201 W. PRESTON ST., B	quires that the death certificate signed by the attending physic hen please remove carbon pape	o burial, cremation, ar remaval.		NO	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA) Conditions, il ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OI DUE TO, OI (b) DUE TO, OI (c)	RASA CON RASA CON RASA CON PRESE	SEQUENCE O SEQUENCE O SEQUENCE O SIO VUS	Arrest Fular Aceid		ASE OR COND	DITION GIVE	5.	white interval onset and beath conset an
AL RECORDS	he law retan. I has been	iene priar i	2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR W	VHICH OPERA	TION WAS PERFORMED	20e A	NOBSY?	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED S OF DEATH?
DIVISION OF VITAL	ding physic is certificate burial-trans	Mental Hygi or Item 18 sh	9	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	P.a. P.a. 21e PLACE	M. MONTI M. OF INJURY		211 LOCATION	CCURRED (ENTE	NATURE OF INJUR			
ISINIG	ATTENDING PROSpiral or attention of for use as the	of Health and 21 is marked		W	while NOT WHILE AT WORK 220.1 certify that (1) (this hasp saw the decasted alive an obove, (1) (we) (did) (did not	italy attended the	e deceased	from	STREET 19 , and that in (my) (our) ap		See 18	51	986	that (IT (III) last causes stated
	OR DIRE	with the State Dept.			226. SIGNATURE	Surver (Offer death.		22e ADDRESS	AN DIRECT	OR PHYSICI	IAN	220 DATE 7/18	0186
	HO Pine	th th	1		(lifford)	nowell			The Jot	INS flo	pkins	Hor	D -	
	BP	IW!		В	JURIAL, CREMATION, REMOVAL SPECIFY: Urial	7/21/	/86	Holy	F CEMETERY OR CREMATE	ORY 123d LC	CATION CITY OF TOWN Balto.	, Md.	COUNTY	STATE
	DHMH - 16 6	OM 7	RA.	245	chimunek Fund	eral Ho	ome,	Inc.		o. DATE REC'D. B	Y REGISTRAR	256. REGISTR	AR'S SIGNAT	
	(VRA 15		04	3	331 Brehms La	ane, Ba	alto.	, Md.	21213	JUL 18	3000	detical.	and and	Abridativ



0 1010	١,	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL HYG	GIENE O/	10721
0-12129		REGISTRAR		CERTIFICATE OF DEATH	REG. N	19191
by be oge 3 deoth		CEASED NAME FIRST MARY	MIDDLE E.	MILBURN	20 DATE OF DEATH MONTH D	3, 1986 1035 PM
ctor. po	3 SE	×	A RACE B	5. DATE OF BIRTH MONTH FEB 19 1919	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
		COUNTRY! VA.	76 CITIZEN OF WHAT COUNT USA	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	1.4
A 12		BALTIMORE	SINAL HOSP	ITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
141.13	130 S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	TY 13c. CITY OR T		130 STREET ADDRESS / ZIP CODE 2825 BOARN	AN AVE
BALTIMORE, MARYL cote be executed within apers. Poges 1 and 2 si avol. 11, the medical examine	14 FA	ATHER'S NAME FIRST A	Rone Rone	15 MOTHER'S MAIDEN NA. Sophia	WE	Dorse
iMORE,		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE UNK	MED FORCES? 166 SOCIAL S		AS ALSOVÉ	
T., BALT rificote to physicio mappers mavol.		18 CAUSE OF DEATH LEnter and PART I. DEATH WAS CAUSED	y one cause per line far (a), (b) BY: E CAUSE (a) CARDI.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON S repth cer retable recarbo on, or re		Conditions, if ony, which	DUE TO, OR AS A CONSE			ST PRIOR TO ADMIT
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The law requires that the death certifications physician. When this certificate has been signed by the attending phase the buriol-transit permit. Then please remove carbanp th and Mental Bygiene prior to buriol, cremation, or remarked or them 18 shows any injury, or other traumoritic ever	3	gave rise to immediate cause (a), stoting the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF		70 HOSP .
RDS, 20	NO	PART ? OTHER SIGNIFICANT C		TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 110
ne law re law re hos beer permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?
OF VITA CIAN: Til physicis ritificate ol-transit riol Hygis		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	
VISION C S PHYSIC ortending er this cer the buric ond Men	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AL WORK	21e PLACE OF INJURY LATHOME STREET FACTORY OFF	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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OR ATT he hospin DIRECT backed for Dept. of		abave, (I) (we) (did) (did not	view the body after death	DEGREE	MEDICAL STAFF	221. DATE SIGNED
O HOSPITAL O HOSPITAL TO FUNERAL should be det with the Store MAPORTANT		22d PHYSICIAN'S NAME (TYPE OR		PHYSICIAN [DIRECTOR PHYSICIAN	1/4/86
TO HOSI retorned TO FUN should b with the	23a P	URIAL, CREMATION, REMOVAL	70 pm)	36 NAME OF CEMETERY OR CREMATORY	123d LOCATION	
ВР	(Burial		Mt. Zion Cem.	Landsdowne, Mo	
DHMH - 16 60M 7/84 (VRA 15, 4)		Wm C. March F/	H. West 4300°	Wabash Avenue	E REC'D. 84 REGISTRAR 256 REGISTR	AR'S SIGNATURE



						STATE OF MARYLAND			A
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ALI	icio	S th		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), an	d (c).)		APPROX BETWEEN	ONSET AND DEATH
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1	TEND itel o	H H		saw the deceased alive on	ot) view the body offini death	ond that in (my) (our) apinion	death occurred on the do	te and hour and from the	causes stated
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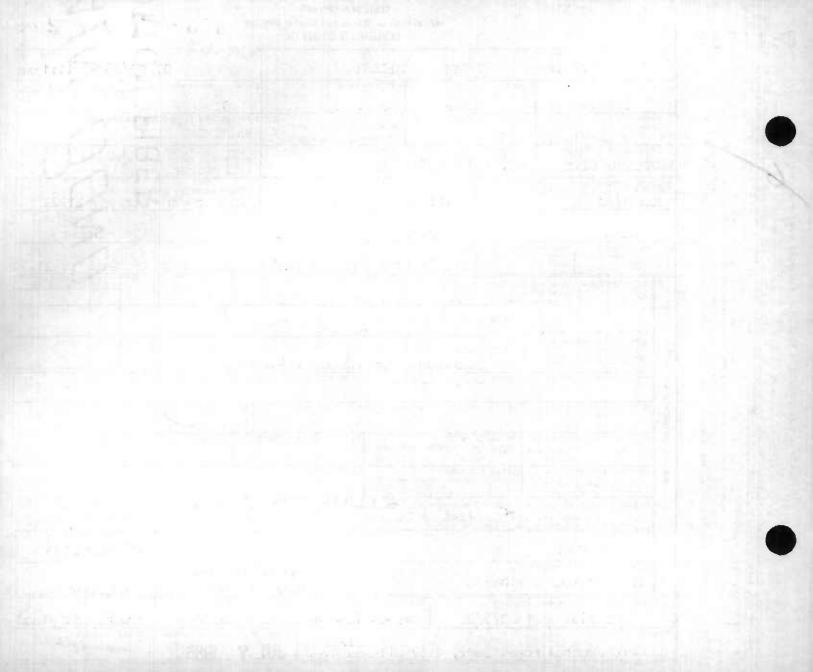
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR DAY LIYPE OR PRINTS DOROTHY MAGETYN MILLER JULY 21.1986 : 45A 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY White LEWUJE may 24, 1917 BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY U.S.A BENDSYLVENIA WIDOWED DIVORCED CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE CIETK JOHNS HOPKINS HOSPITAL JEWELLY StORE UAL RESIDENCE (IF NUMSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

STATE

136. CITY OR TOWN J. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Bed Air maryland 124 FAIRMONT Drive Harford Co. YES [NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE HOWARD Holcomb HickErson LEAH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMATOMANTET 838-037 HADDRESS 721 old orchard Road LYES NO OR LINKNOWN (IF YES, GIVE WAR OR DATES) No 191-03-2410 BE Air, Maryland 21014 Mrs JACQUELYN A, KENHAI) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ARDTAC 5 m112 IMMEDIATE CAUSE (o)_ DUE TO, OR AS, A CONSEQUENCE OF Conditions, if ony, which rossible gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. et A STATIC MARIAN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES [NO [CERT 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE NOT WHILE 22s.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on 12 doob obove. (1) (we) (did) (did not) view the body offer death. , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (SPECIFY) HTY OR TOWN COUNTY STATE Baltimore MANIAN Cremation July 22, 1986 Greenmount Cremater 24 FUNERAL DIRECTOR FOSTER 50 W. Broadway & Williams St. 750. DATE REC'D DHMH - 16 60M 7/84 BH Air Maryland 21014 myleroller Fritz (VRA 15, 4)

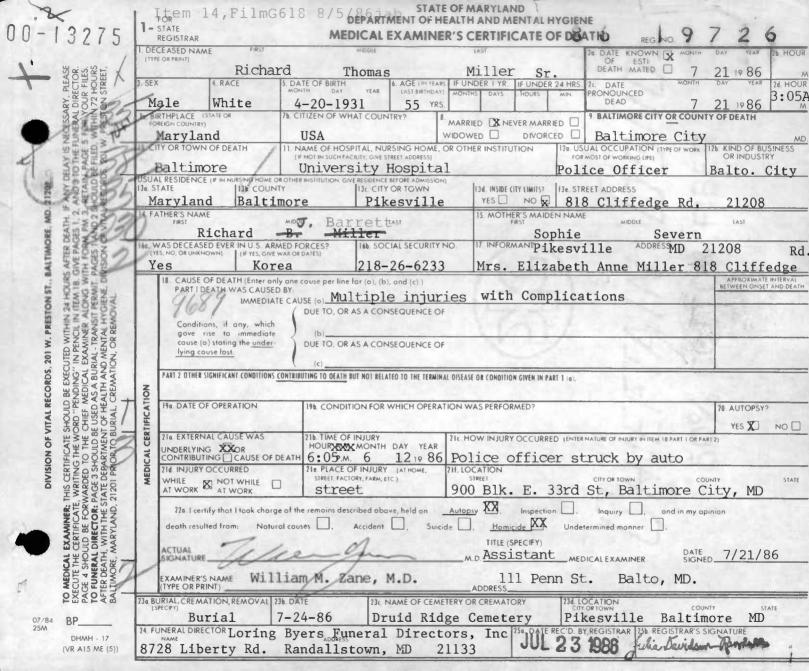
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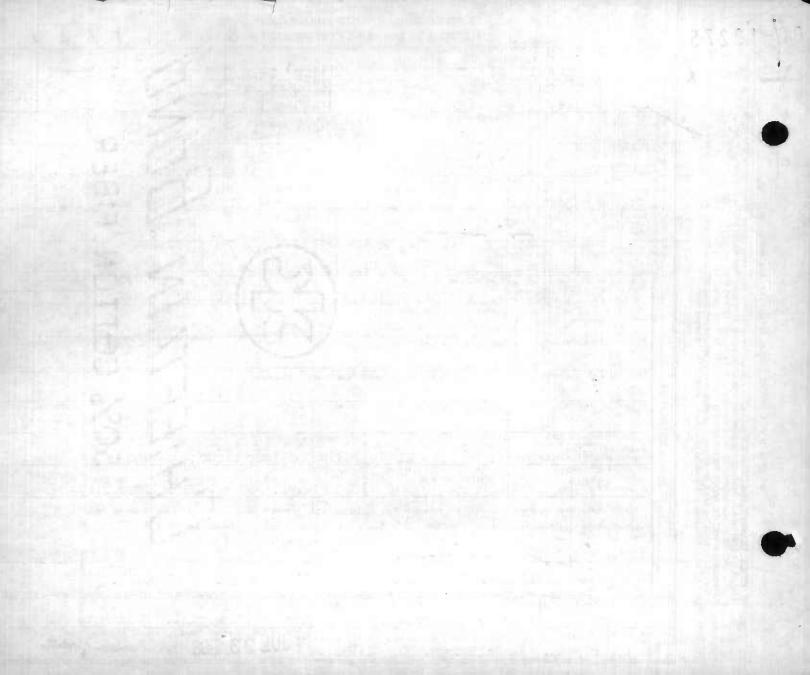
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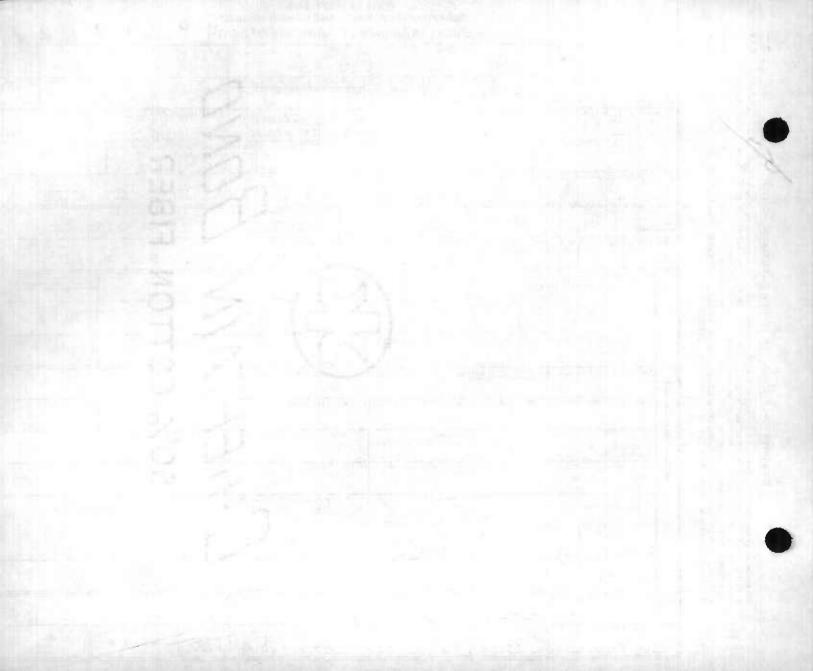
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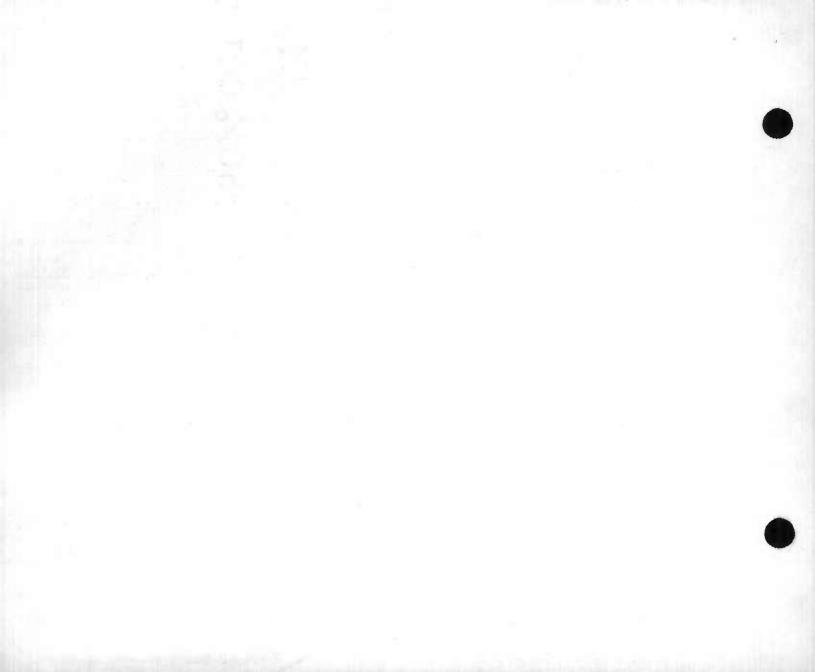




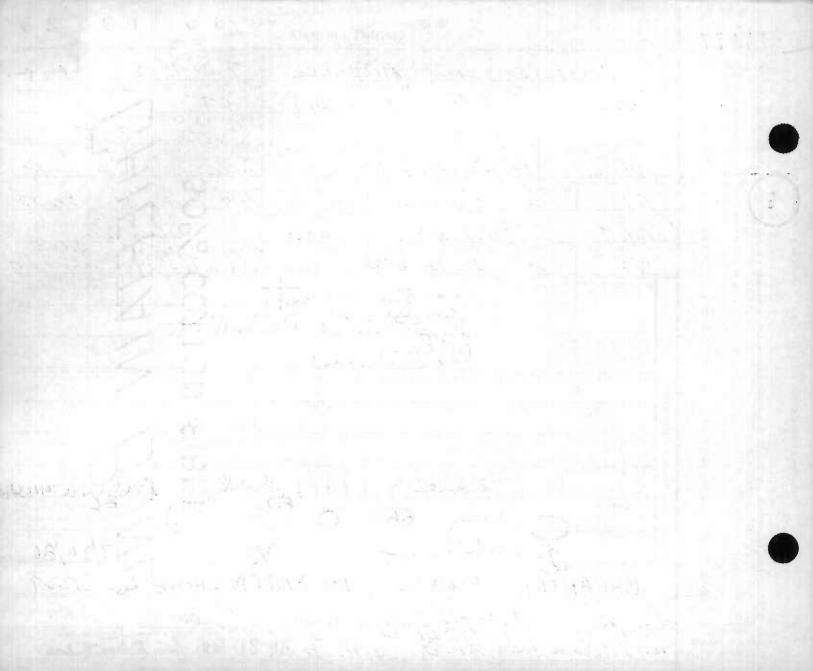
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1	JACCESSARY, PEASE FRINKEND DIRECTOR. E S POR YOUR FILES. E) WITHIN 72 HOURS I W, PRESTON STREET,		ryland		U.S.A.			WIDOW	ED 🛣	DIVORC	ED D	Baltim	ore Ci	itv		MD.
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	AND 310 AND 310 RETAIN P. HOULD BE RECORDS.		ryland	13b. COUN	TY	Balt	imore		13d. INSIDE (II Yes 🌃	NO [13e STRE	et adoress O White	elock	st.	21217	
9	AL 32, 1	14.F	ATHER'S NAME						15. MOTHE	R'S MAIDE	N NAME					
	UNS AFTER DEATH UNDER AFTER DEATH UNDER PAGES 1, WITH FORM PM IT. PAGES 1 AND S, DIVISION OF VITA	Ja	mes		MIDDLE	Rodg	iers		Eli	zabet	±h	WIDDI	E	B:	ranson	
	2 2 2 2 4 2 —	16a. \	WAS DECEASED E	VER IN U.S. AR	MED FORCES?		AL SECURITY	NO.	17. INFORM				DDRESS			
	S AFTER DEA GIVE PAGES TTH FORM P PAGES 1 AN IVISION OF/		ES, NO, OR UNKNOWN		WAR OR DATES)				Tohn	M = 77 =	idan	37 S.		r c+	2122	0
	PACIN SA PAC	140					36 - 238	1	UOIIII .	147777	Lyan	3/ 3.	CUIVEI	DC.		
1			PART I DEAT	H WAS CALISED	ly one cause per line										APPROXIMAT BETWEEN ONSE	T AND DEATH
-	ON SE., 24 HOUR ITEM 18. CONG W PERMIT. SIENE, D			IMMEDIAT	E CAUSE (a) Ar	terios	clero	tic c	cardio	vascu	ılar (diseas	e and			
1	THIN 24 HOUSE ALONG ANSIT PERMIT PERMOVAL.					XXXXXX	EXIXEX XEX	€X								
9	REPARE E			if any, which) (b) ca:	rcinon	natosis	5		15-75				-		
3	* XXXXXXXX		cause (a) st	ating the under-	DUE TO, OR								3	11		
5	S A E E E		lying cause	last.	(c)											
č	ALKECORDS, ANY W. PRESTONS OULD BE EXECUTED WITHIN 24 HC D. "FENDING" IN FENCIL IN TEM IEF WEDICAL EXAMINER ALONG ISED AS A BURIAL. TRANSIT PERV F HEALTH AND MENTAL HYGIEN IAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELATE	D TO THE TERMI	NAL OISEASE	OR CONDITION	GIVEN IN PA	RT 1 (n)					
	SET SUBER	2														
0	EA WED	CERTIFICATION	190 DATE OF O	PERATION	19b. CONDIT	ION FOR W	HICH OPERA	TION W	AS PERFORA	MED?				1	D AUTOPSY	,
3	SALES SE	F												1		
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	SAN		UNDERLYING	anna .			DAY YEAR	ZIC NC	אין אין אין אין	OCCURRE	D (ENIEKN)	ATURE OF INJURY	IN ITEM 18 PART	T 1 OR PART 2]		
1 3	FEBSER	1 5		CAUSE OF			19									
- 1	S CERTIFIC RITING TH RDED TO SE 3 SHOU E DEPART	MEDICAL	21d INJURY OC WHILE		21e PLACE C STREET, FACT	OF INJURY DRY, FARM, ETC	(AT HOME,		CATION			CITY OR TOWN		COUNTY		STATE
	HIS CERTIFICATE SHOULD E WRITING THE WORD. "PEN WARDED TO THE CHIEF MA AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA 21 201 PRIØR TO BURAL, G	-	AT WORK	AT WORK	J											
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	SHA SHE		SIGNATURE	harry	was alle	JIM		M.	D. ASSI	Stant	MEDIC	CAL EXAMINE	R	DATE SIGNED_	7-27-8	6
	MEDIC CUTE 11 SE 4 SF FUNER ER DEA		EXAMINER'S NA	AME /	Margarita	A. Ko	rell.	M.D		1	111 P	enn St	reet			
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	100	(TYPE OR PRINT													
	-mg48	73a. 8	URIAL, CREMATIC			23c N/	AME OF CEM	ETERY OF	RCREMATO	RY	23d LOC	RIOWN		COUNTY	\$1	ATE
07/8 25M		24.5	UNERAL DIRECTO		7-30-86	Mou	int Ple	easar				wings			Mary1	and
23/11	DHMH - 17	1	NAME		ADDRESS				1	DAIL F		1986	TOTAL CONTRACTOR	Mar's SIGN	Mature .	
	(VR A15 ME (5))	Bai	ley Fune	ral Hom	e 1348 N.	Calho	oun St	. 21	1217	JUL	. 60	1300				



0-14213	1 -	FOR STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAN EALTH AND M ICATE OF DE	ENTAL HYGI	ENE 8 6	9 7	28
	I. DEC	EASED NAME FIRST		MIDDLE	ı	AST			DAY YEAR 2	b HOUR
nay be page 3	(TYPE (GERTRUT	E		MIN	KOVE		7 3	1 86	1,50
moy er de	3. SEX	0 2 10 10 1	4. RACE		5 DATE C			6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR II	F UNDER 24 HRS
4 Sp. 2	0	emale	Ca	uC	MONTH	28	YEAR IU	72 YRS		HOURS MIN.
2/12 26		THPLACE (STATE OR FOREIGN	76. CITIZEN O	F WHAT COUNTRY	Y? 8.	D NEVER MA		BALTIMORE CITY OR COUNTY	OF DEATH	
1 1122	MAF	RYLAND	U	SA	WIDOWE		DRCED	BALTIMORE CI		MD.
12 4 3/1	10. CIT	Y OR TOWN OF DEATH		F HOSPITAL, NURS		R OTHER INSTIT	UTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF E	SUSINESS OR
10/ 11 12 To	1	saltimore	1	SINAL	tosp17	ML		SALESPERSON	CLOT	HING
AND 212	USUA 13a ST		or other institutio JNTY altimore	13c. CITY OR TO		13d. INSIDE CIT	Y LIMITS?	13. STREET ADDRESS / ZIP CODE 3211 NERAK RD.	#21208	
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MORE, nond co		AS DECEASED EVER IN U.S. A s, NO OR UNKNOWN) (IF YES, (ARMED FORCES? GIVE WAR OR DATES)	213-10 201-13-	-3242	17 INFORMAN	MART	PIN MINKOVE		
, BALTI icote b popers. ovol. int, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse posed by:	er line for (a), (b), (and (c).)	7026	WALLTS	S AVE. BALTO.,	APPROXIMA BETWEEN ON:	TE INTERVAL SET AND DEATH
l ST.		IMMEDI	ATE CAUSE (o)_	cardia	c ou	rest				
TON orth or in, or			DUE TO,	OR AS A CONSEO				A		
he death common or an arrangement or troumation, ar		Conditions, if ony, which gove rise to immediate	(b)_	18 chem		gangr	enorus	bowel.		
W. or the		cause (a), stating the underlying cause lost.	DUE TO,	or as a conseo	UENCE OF					
DS, 201		PART 2. OTHER SIGNIFICAN	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMIN	VAL DISEASE OR CONDITION GIV	EN IN PART No	
RECORDS, low requires signermit. Then e prior to be to only in the total on	CERTIFICATION	9a DATE OF OPERATION	196 CON	DITION FOR WHIC	H OPERATIO	N WAS PERFOR	MED	20a AUTOPSY? 20b. IF YES	, WERE FINDING	S USED
	I I	7/27 - 7/28	ga	ngrenou	us bo	wel		YES NO NO YE	YING CAUSES OF	F DEATH?
DIVISION OF VITAL NG PHYSICIAN: The ottending physician that this certificate has the buriol-transit phond Mental Hygier and Mental Hygier acked or tem 18	E E	10. ACCIDENT WAS UNDERLYING		OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJU	JRY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)	
SICIAI ng ph certific priol-tr	CAL	OR CONTRIBUTING CAUSE OF D	EAIR	P.M.	19					
71SION OF Trending plant the buriol-tr the buriol-tr and Mental	III.	114 INJURY OCCURRED	21e PLACI	E OF INJURY	E FARM ETC)	211 LOCATION	1	CITY OR TOWN	COUNTY	STATE
DIVISION Officer of the object of the one or the or		AT WORK AT WORK								
OR ATTENDIN OR ATTENDIN e hospitol or or DIRECTOR, Afr pred for use or Dept. af Heolih f Hem 21 is marr		this hos (this hos) the deceased olive o	-	the deceased from	17/	27	19 5 6			of (I) (we) lost
R ATTEN haspital haspital haspital for undifferent 21 is		obove, (I) (we) (did) (did i	not) view the bod	y ofter death.			or) opinion de	oth occurred on the date and hav		
the ho the ho troched e Dept		IN. SIGNATURE	<	1-4		DEGREE	TENDING _	MEDICAL STAFF	7-31	
PITAL by t ERAL Stote de de	-	22d PHYSICIAN NAME (TYPE	PRINT)	Jules		22e ADDRESS	IYSICIAN [DIRECTOR PHYSICIAN	1-1-31	96
TO HOSPITAL Cretoined by the TO FUNERAL B should be detected with the State D IMPORTANT; if		Jerr		L. H.	~	51	NAL	HOSPITAL.		
Of of Man	23a BI	IRIAL, CREMATION, REMOVA		1230	NAME OF C	EMETERY OR CR		123d LOCATION		
BP	(5)	BURIAL				AHAVAS		CITY OR TOWN	N BALTO	• MD
DHMH - 16 50M 4/83	24 FUI	VERAL DIRECTOR SO	L LEVINS	SON & BRO				REC'D. BY REGISTRAR 25b. REGIST		
(VRA 15, 4)	60	10 REISTERSTO	WN RD.	BALTO.,		21215	:01	E 1000		3



				STATE OF MARYLAND	A .	
	1	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL H	YGIENE 8 6	19/29
0 - 14477		REGISTRAR		CERTIFICATE OF DEATH	REG, NO.	
0		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
7 74	STIFE	JOSEPH!	NE M	MITCHELL	7-24-198	6 8:45-PM
6 6 b	3. SEX		1. RAGE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
a set of a set of a	(Lonale	Thete	3-16- 1919	67 YRS	MONTHS DAYS HOURS MIN.
2 40 50 /		OUNTRA	76. CITIZEN OF WHAT COUNTRY	RARRIED NEVERMARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
		Re.	4.J.A.	WIDOWED DIVORCED		Cety MD.
1 11 300	122	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE/OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
5 to 50 G	0	eltimo	1419 Hally		Housewela.	at home
7 A 11 67	USU	TALE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO		13e STREET ADDRESS / ZIP CO	DE
E (1) 11 10		Try.		ne YELD NO []	1419 Dillers	St. 21223
	11/29	THER'S NAME	MIDDLE O	IS MOTHER'S MAIDEN	A C HOOM	Total County
1 11/10	16	incert	Medinis	(ii) Skarer	Blu	skes
# 2 5 8		AS DECEASED EVER IN U.S. AR		CURITY NO. 17 INFORMANT	Elicet Appell	4. 21043
MO # CO #	(ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	86/2 Ruchard	Geoderates 3	444 Walter Dr.
ALT THE PROPERTY OF THE PROPER		18 CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b),	and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
History Physical History Control of the Control of		PART I. DEATH WAS CAUSE	D BY:	diac arrest		WE WELL ON SET SHOW SET SHOW
Z B Bog # 3	7	IMMEDIAI	cas	lue, arrhi	huis	
STO		Canditions, if any, which	DUE TO, OR AS A DONSEL	a Vendure all	euscload	
M A STATE		gave rise to immediate cause (a), stating the	021	A	The state of the s	
N to the other		underlying cause last.	DUE TO, OR SO CONTED	diseaso		
201		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION C	SIVEN IN PART 1(a)
DS. de	Z S			DOTAL DE LA COLLEGIA	MAIN THE BIOLAGE ON CONDINOT	THE THE THE THE
8 1111	CATION	19e DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
1 1111	#				YES TO NOW IN CER	TIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
A La signa	CERT	210 ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM T	
La state of the st	155.7	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		
Mes ca	MEDICAL	214 NJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		er comment
VISE onth	Z	AT HORE AT HORE A	(AT HOME, SPEET, FACTORY, OFFIC	E. FARM, ETC) 13419	Page CITY OR TOWN	STATE TOTAL
四		TO THE STATE OF TH	tal) attended the deceased from	108	7 to thou	19, that (1) (we) last
MOTOR STATE		saw the deceased alive on	tuan 19	7	an death accurred an the alphand h	aur and fram the causes stated
A STATE OF S	153	The Signature	ti view the bady after a 6th.	DEGREE	U	22c. DATE SIGNED
0 + 0 5 0 5		1	mahon	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/26/86
一首中 最高音		22d. PHYSICIAN'S NAME TYPE	R PRINT)	22e. ADDRESS	DE DIRECTOR PHYSICIAN	11/20/00
HOSPIT Sined by Funes outlibre St		BARAHON	JA LEONE	_ NOI MAI	DEN CHOICE	La 21229
54 5413-	23s. 6	UBIAL CREMATION REMOVAL		NAME OF CEMETERY OR CREMATOR	Y 123d LOCATION	
BP	-6	un al	7-28-1986	Lela Pederme	CUM OR TOWN	COUNTY had STATE
DHMH - 16 60M 7/84	14.19	INERAL DIRECTOR	1 06 aux		DATE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
(VRA 15, 4)	X	sof town	1 Sa Ohc. 90	1 Hollins fr. Il	[30 1450 Aulis,	Dander Redall



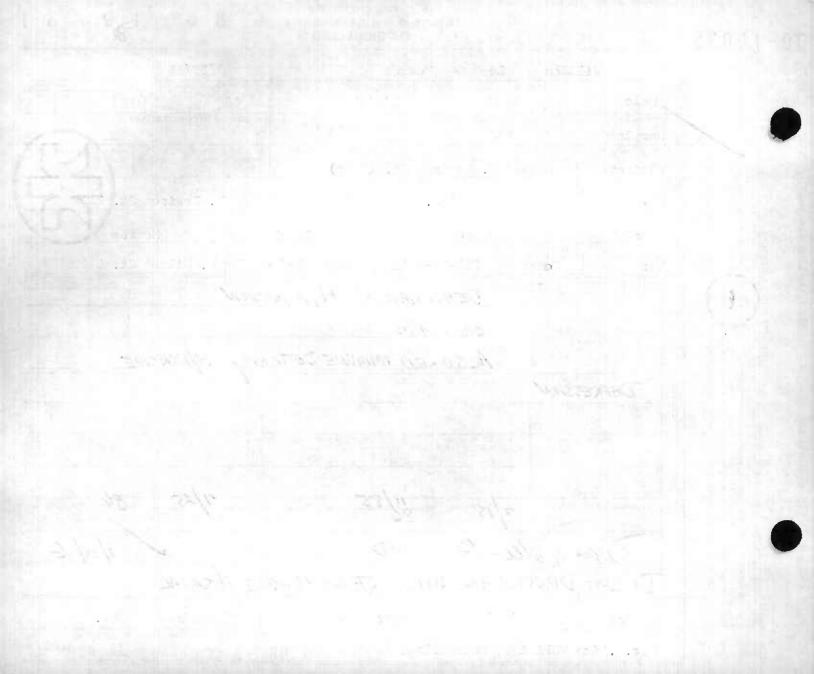
		5		2	FOR 8/1/8		-	ARTMENT OF I	E OF MARYLAND LEALTH AND MENTAL HY	GIENE 8 6	1	9 /	3 0
0-1	34	6,9	/	1 DE	REGISTRAR		MIODIF		AST	REG. N		DAY YEAR	2b. HOUR 19
	9 6	3 =			OR PRINT)	MAGGIE	MIODEE	MITCH				DAT IEAK	
	РОУ	pood -		3SE		4 RACE		5. DATE (JULY 24, 19		IF UNDER I YEAR	3;05A M
	4		1	F			3	5 MONT	20 31 YEAR	55	N	MONTHS DAYS	HOURS MIN.
	2		(marks		RTHPLACE (STATE OR FOREIGN	_	WHAT COUNT	IRY? 8		9. BALTIMORE CITY	OR COUNTY	OF DEATH	
	1/	0	50	S.	C.	u.s	s.a.	WIDOWI	D NEVER MARRIED DIVORCED	BALTIMORI	E CITY		MD.
J.		The state of	*	ВА	TY OR TOWN OF DEATH	(IF NOT IN SU THE	JOHNS	HOPKINS	HOSPITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Housewife	OF WORKING LIFE	126 KIND O INDUSTRY	OF BUSINESS OR
			ELL	ME	AL RESIDENCE (IF NURSING HOM TATE 136. CC ryland	E OR OTHER INSTITUTION DUNTY	Balt:	imore	13d. INSIDE CITY LIMITS? YES 🔯 NO 🗍	130.STREET ADDRESS 1904 Oak	/ ZIP CODE Hill A	venue 2	21218
MARYL	7	000	TCE	4	Shua	WIOOFE	Fie.		15. MOTHER'S MAIDEN NA	WIDDLE		WILL,	
BALTIMORE	oe ex	Pag	2.	. (VAS DECEASED EVER IN U.S. (18 YES, NO OR UNKNOWN) (18 YES	ARMED FORCES? GIVE WAR OR DATES)	220749	9996	Mary Mitche	ADDR KOGER 11 Kogen 18		21216 eland S	5 Street
W. PRESTON ST.,	equires that the death certificate	Then please femove corbon paysis Then please femove corbon page into buriol, cremotion, or removed intury, or other trainmotic event		NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DIATE CAUSE (o) DUE TO, C DUE TO, C (c)	OR AS A CONSE	EQUENCE OF	heart Med	k. lioneyopak	dition Giv	40	MARIE INTERVAL ONSET AND DEATH DE MINICIPAL MI
4	he low r	t permit.	7	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WE	TICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S	NGS USED OF DEATH?
DIVISION OF VITH REGORDS, 201	PHYSICIAN: T	this certificate he buriol-tronsi nd Mentol Hygi	9	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETIMER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	OEATH HOUR A	OF INJURY .M. MONTH .M. OF INJURY REET, FACTORY, OF	19	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJ		ART LOR PART 2}	STATE
Ald	e hospital or of	ched for use os t ched for use os t Sept. of Health o Hem 21 is morke			220.1 certify that (I) (this has obeye, (I) (we) (idid) did 22b. SIGNATURE	un /2	.// "	19.86.0	nd that in (our) opinion DEGREE				
	HOSPITAL	should be detoo with the State C	1		220 PHYSICIAN'S NAME A	HARRI			ATTENDING PHYSICIAN [220. ADDRESS Johns	HOPKIN-		spita	124/86
	7 5	- v > <u>-</u>			SURTAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d. LOCATION	Maria A	COUNTY	STATE
	BP_				Burial UNERAL DIRECTOR	7/27	/86	King	750 DA	Baltim TE REC'D. BY REGISTRAN			aryland
		16 60M 7. A 15. 4)	/B4		m.C.March F/H	Inc. 110	Ol E. ADNO	brth Av		JUL 25 198	6	L MAN SIGNAL	UKE THE



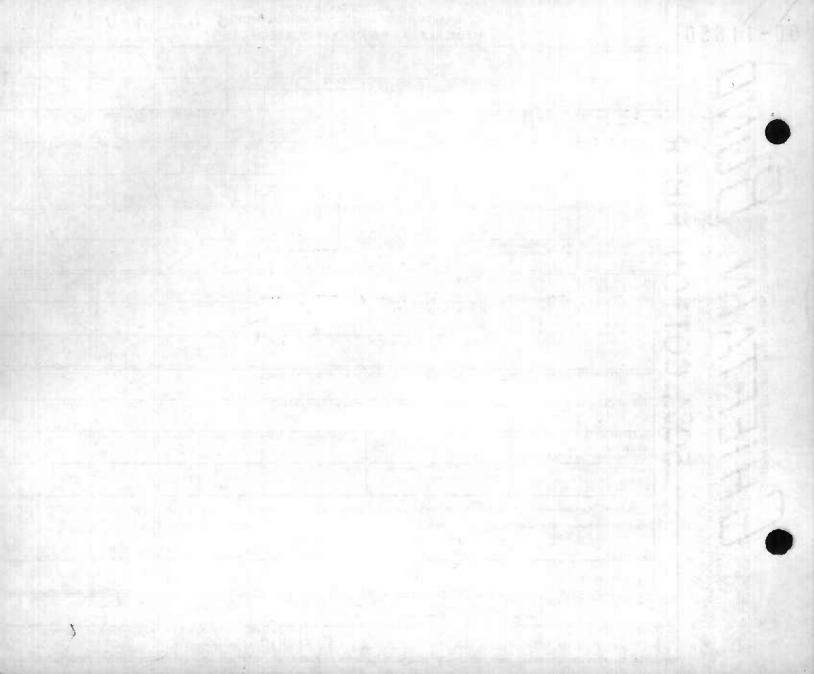
	9	12	25
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certifical be executed within 24 hours after deat retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attracted privately and completely filled in by they ashould be detached for use as the buriot-transit permit. Then please immendations are supported for use as the buriot permit. Then please immendation to removal. with the State Dept. of Health and Mental Hygiene prior to buriot, crematical, are removal.	IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or ather Haumaly except the medical enumerements in the decided of
	- 5	- 01 >	_ "

(VRA 15, 4)

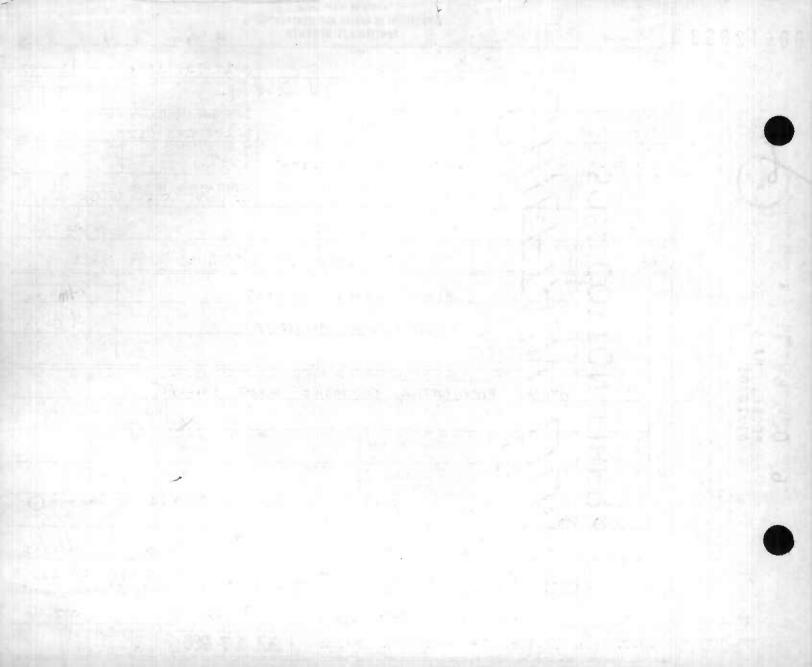
-1403	5	1 -	FOR STATE REGISTRAR			DEPARTM	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	TIENE 8 6	19	73
1 700	~			FIRST		MIDDLE	1	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR	2b HOUR
3 75		(TYPE	OR PRINT) Wil	liam	Lee	e Mo	nroe		7/27/8	6	M
6 8 1), SE)		4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHD	MONTHS DA	
4 94	25	1	Male		Black		1/5	1/42 DAY YEAR	44	YRS	NOOKS MIK.
A TO TO TO	1	(RTHPLACE ISTATE OR FOR OUNTRY) Iaryland	REIGN 76	USA	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED #	9 BALTIMORE CITY OR	COUNTY OF DEATH	MD.
10	0		ry or town of DEAT altimore	H 1	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET, Denison	ADDRESS)	(Home)	120. USUAL OCCUPATION		O OF BUSINESS OR
filled in	5	13a S	AL RESIDENCE (IF NURSINI TATE I.	HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFORE 136. CHTY OR TOW Balto.		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z 744 N. Den	IP CODE ison St. 2	21229
d with	0	14. FA	THER'S NAME FIRST Ralph	MI	DOLE B1	tast ryson		15. MOTHER'S MAIDEN NA/ FIRST Blanch	WIDDLE	Monroe	LAST
1 1			AS DECEASED EVER IN			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
Pog Pan	1		Yes	Ker		220-36-5	013	Sarah Redm	on 700 N. Hi	lton St. 2	21229
equires that the death or signed by the utilities. Then please uncontrol, cremator, or other traumal		NOI	Conditions, if ony, gove rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNII DERRES	diote the last	(b) DUE TO, OI		\$15 NCE OF	MMUNE DEFIC			1(0)
on. has been to permit. ene prior	2	TIFICATION	190 DATE OF OPERATE	NC	196 CONDI	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED		206. IF YES, WERE FIN IN CERTIFYING CAUS YES [
PHYSICIAN: T ending physici this certificate e buriol-fronsi d Mental Hygi d or flem 18 sh	9	MEDICAL CERTI	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE	USE OF DEATH LEXAMINER)	P.I	M. MONTH DA M.	19	216. HOW INJURY OCCURE 216. LOCATION STREET	RED (ENTER NATURE OF INJURY I		2) STATE
AL OR ATTENDING F the hospital or attendance to the table of the second to the second the second the second the second to the second the second to the secon		N	WHILE NOT WHILL AT WORK 120.1 certify that (1) (1) sow the deceased abave. (1) (we) lake 22b.	his hospito	I) ottended the view the body	e deceased from _	11/8	nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DA	2, that (I) (we) last the causes stated TE SIGNED
TO HOSPITAL retoined by t TO FUNERAL should be det with the State IMPORTANT:	1		DOLPH	DRU	PRINT) ICKM			JOHNS HOPK		AL.	
BP		(URIAL, CREMATION, RI SPECIFY) Burial	EMOVAL	7/30/			emetery or crematory son Forest	23d LOCATION CITY OF TOWN Garris		
DHMH - 16 60M 7/	B4		Chame A Diac	FCDA	1300	Futor ^{ADD}	100		E REC'D. BY REGISTRAR 25		



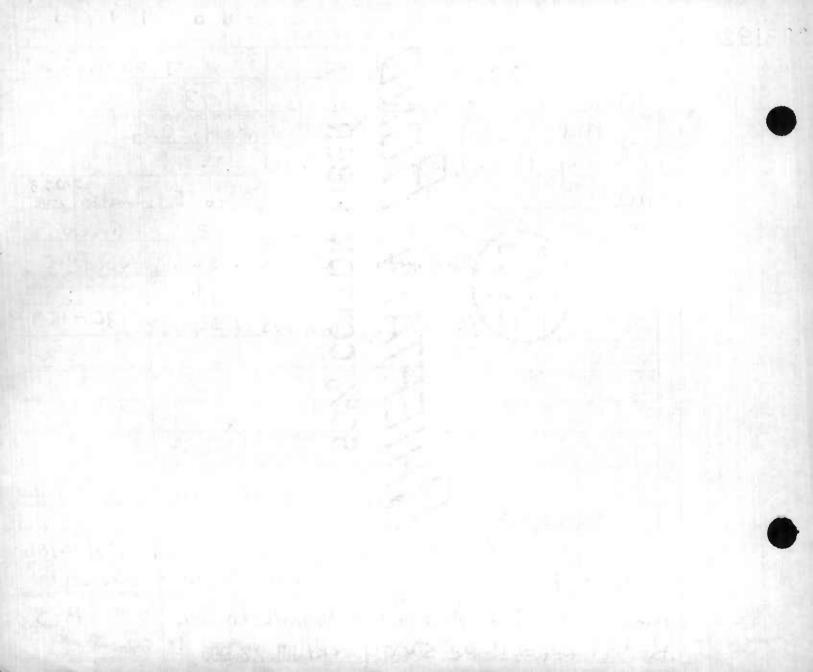
1 4 (tems, 18,19b,20,21a,21b, STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6	1 3 2
00-71650	REGISTRAR; -618.8/11/86 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	DAY YEAR 26 HOUR
Marin 10 mi	Juanita E. Montgomery Death Mated 17/2	186
MRY, PLEASE DIRECTOR COUR FILES 172 HOURS	badiizaa E	DAY YEAR 14 HOURD
DREE OUR	female black 8 24 1956 29 yrs. DEAD 7/2	/ 1986 P M
PAGE SEA	78. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 78. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY	
12030	N.Y. USA WIDOWED DIVORCED DIVORCED Baltimore City, ID. CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 120.)	MD. KIND OF BUSINESS
THE SERVICE OF THE SE	Baltimore Provident Hospital For Most of Working Life) Unemployed	OR INDUSTRY
A STATE OF THE STA	TISUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION)	21216
	136. STATE 136. COUNTY 136. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS 13e. STREET ADDRESS 2942 Garrison 8140	d
MO HE SERVICE	4. FATHER'S NAME FIRST MIDDLE AST FIRST MIDDLE MIDDLE	
A AND AND A	Theodore C. Fleary Bertha 1 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 112. INFORMANT ADDRESS	Miller
S AFTER SIVE PA TH FOR VISION	16d. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 17. INFORMANT Bertha Miller 18 Benkert Avenue	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE HE CERTIFICATE, WRITING THE WORD, "PENDING". IN PENCIL IN ITEM 18. GIVE PAGES A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORWARD TO FUNES A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORWARD AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEFUE, DIVISION OF WITH SATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Conditions, if ony, which gave rise to immediate couse (a) stating the under- lying couse lost. Conditions	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
SHOULD BE ORD. "PEND CHIEF AS E USED AS. IT OF HEALT OURLALL, CRE	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR AM MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	70 AUTOPSY? YES X NO □
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AEDICAL EXAMINER: 1 ECUTE THE CERTIFICATE, GE 4 SHOULD BE FORW FENDER, DIRECTOR: P IER DEATH, WITH THE SIT ITIMORE, MARYLAND; 2	270. I certify that I took charge of the remoil described code, held an Autopsy X, Inspection , Inquiry , and in my opinion death resulted from: ACTUAL SIGNATURE	7/3/86
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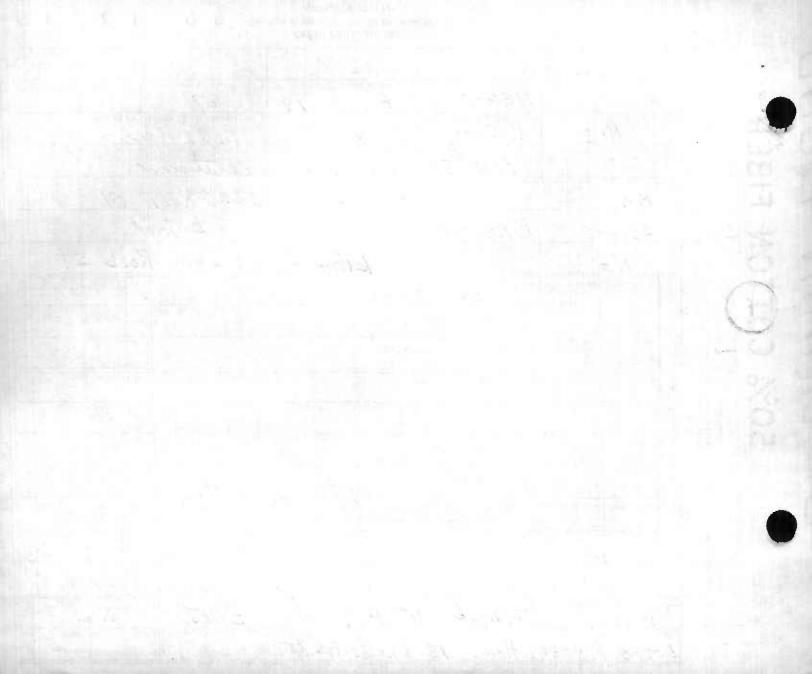
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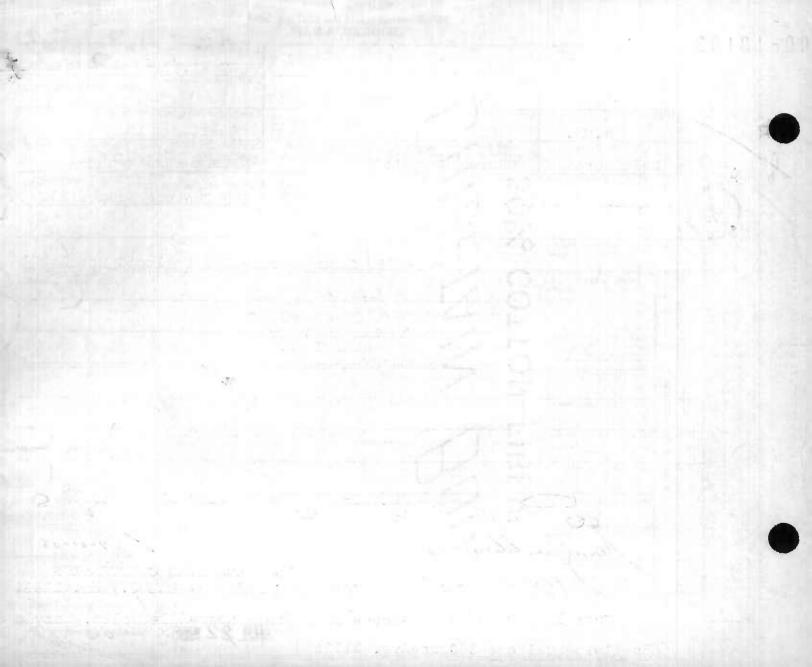
	1			STATE OF MARTLAND	du d	1 25 2 12 11
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35	1 SE		RACEBlack	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
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sit permit. grene prior shows ony i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \)
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fter this cer os the burio h ond Ment rked or Itel	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE I	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR: A of for use of Healt n 21 is ma		22a I certify that (I) (this haspita sow the deceased alive an_ above, (I) (we) (did) (did nat)	7120 195	ond that in (my) (aur) apinion	to 7/20	our and from the couses stated
ERAL DIRECTOR e detached for u State Dept of He		22b. SIGNATURE	Paclgett	M DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	7/20/86
should be deter with the State D		Neil Pa	dgett	20 at ma		es Greenst
TO FUN should be with the IMPORTA	F	BURIAL, CREMATION, REMOVAL	7-25-86 N	NAME OF GENETERY OF CREMATORY	L 230 LOCATION CITY OR TOWN LARREL	COUNTY M. J.
MH - 16 60M 7/B4 (VRA 15, 4)	+	Read Funer	al Home So	Wayurkla IIII	TE REC'D. BY REGISTRAR 256 REGI	SIKAK'S SIGNATURE



00-119	82	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	6 REG. NO.	19/35
• ω£	1		EASED NAME FIRST	A MODE 20. DATE OF E	. ^	DAY YEAR 26. HOUR
nay be page 3		0.651	ZILPHI			5 86 12,15P M
m redal. p		3. SE		NEGRO BY 19 6	67 YRS.	MONTHS DAYS HOURS MIN.
nerol diin 72 ha	200		RTHPLACE (STATE OR FOREIGN)	B CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORI	LLIMOR COUNTY	OF DEATH RE CITY MD.
s offer d	Pool (1	10 CI	Ci Ty		CCUPATION FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY
ND 212 24 hour filled in		USUA 13a. S	L RESIDENCE (IF NURSING HOME OR C TATE 13b. COUN	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	DDRESS ZIP CODE	5/21218
MARYLA d within	inec	14 FA	THER'S NAME ALBERT	BARREHSI IS. MOTHER'S MAIDEN NAME FIRST FIRST	PAYTON	LAST
MORE, Poger	medicut		AS DECEASED EVER IN U.S. ARA	LED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT GRIMS 2	1636 R	066 ST
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the conflict than be executed within 24 hours nather and physician. If the this certificate has been signed by the conflict of the conflict states and conflict that the please forms that the profile of the please forms. Then please forms that the please forms that should be fill the conflict of the please forms.	other troumatic event, the		IB CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse to), stating the underlying couse lost.		ailure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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R ATTENDIN haspital or RECTOR. Af	21 is mo		220.1 certify that (1) (this hospital saw the deceased alive an above, (1) (we) (did) (did not	7/5 19 8 and that in (my) (and appring death accurred	on the date and hou	19 6, that (I) (we) lost and from the causes stated
0 0 0 000	NT: If hem		226. SIGNATURE	- yen Heley MD ATTENDING MEDICAL PHYSICIAN DIRECTOR	STAFF PHYSICIAN	224. DATE SIGNED
TO HOSPITAL retained by the should be deter	WPORTA		KUANG-		ours)	Hospital
BP		- {	URIAL CREMATION REMOVAL	236 DAJE 236 NAME OF CEMETERY OF CREMATIONY 230 LOCAT	UED .	STATE STATE
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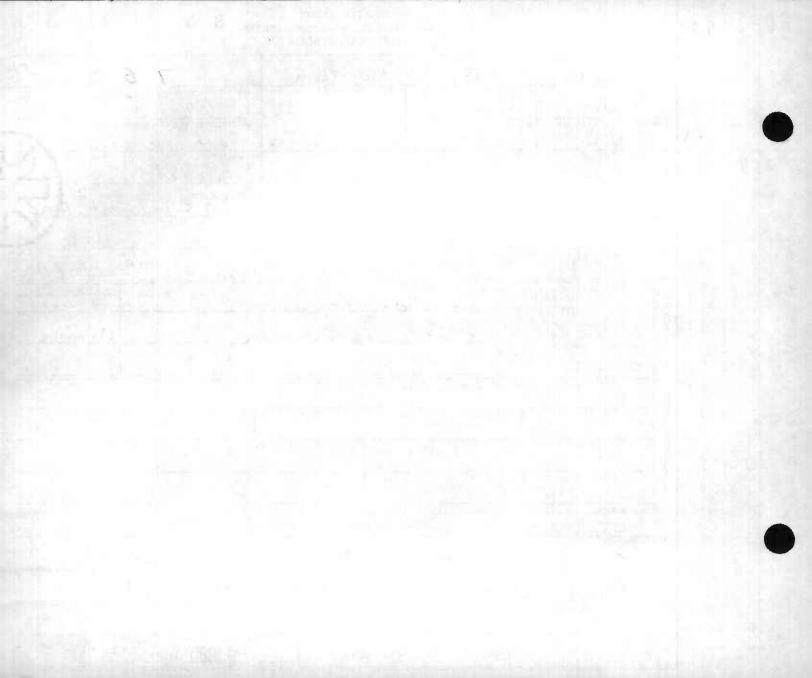


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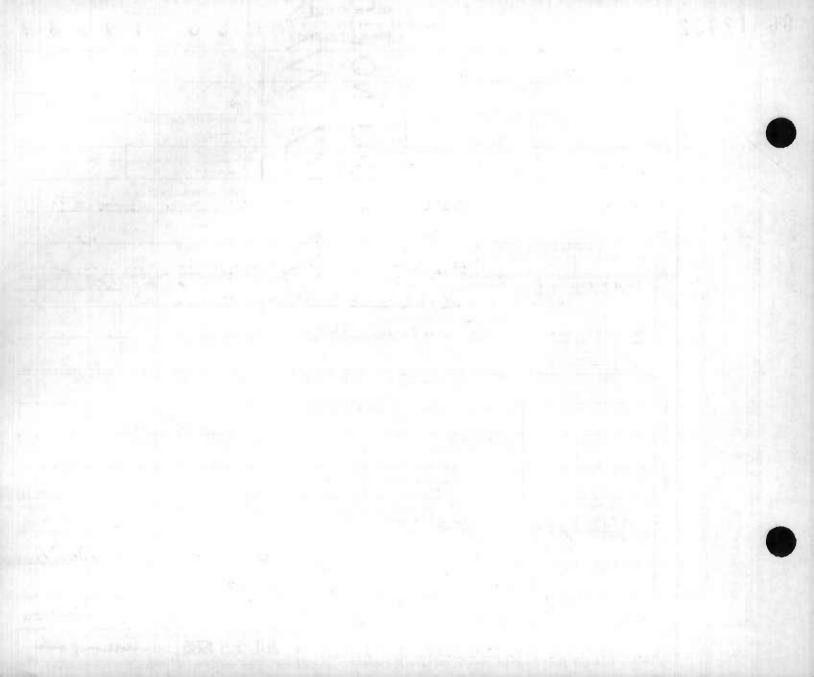


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be cath		CEASED NAME FIRST OR PRINT)	MIDDLE	Morgan	20. DATE OF DEATH	7 6 86 11:25 M
ge 4 may be ector, page 3 urs after death	3 SE		1 RACE black	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	
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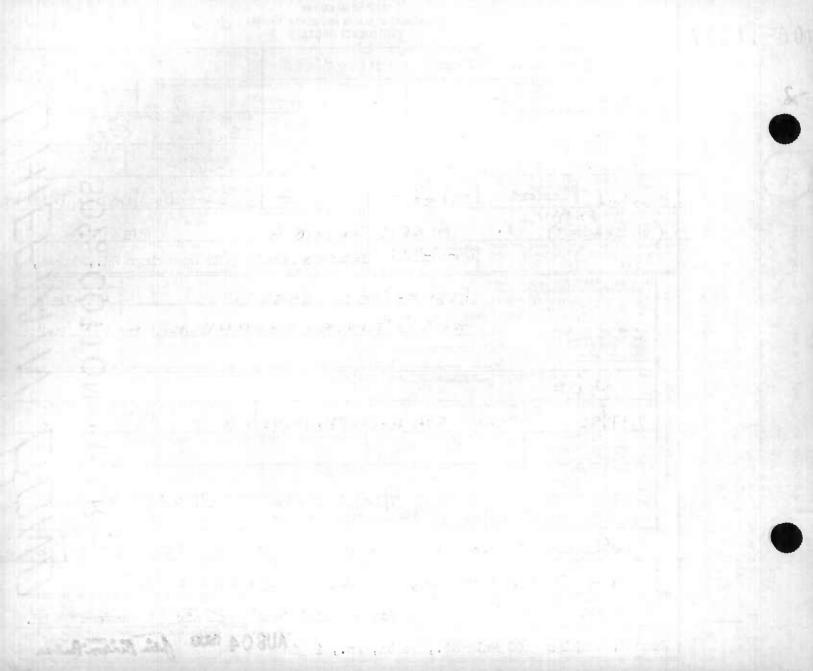
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them them		27b. SIGNATURE DEGREE 22c DATE, SIGNED										
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by the harmonia by the harmoni			Marie Marie 11 PE	brions)	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	N []	1 30	1511		
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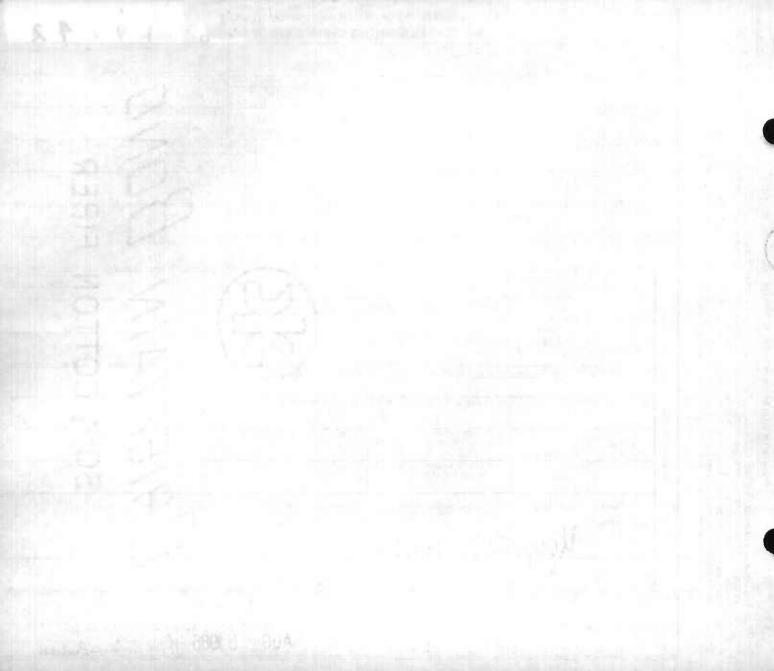


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omplete	/	Frederick	MIDDLE	Cleato	r	OTHER'S MAIDER Magg		WIDDLE	" U	Jnknown"	
be execu		vas deceased ever in u.s yes, no or unknown) (if ye: No	ARMED FORCES? S. GIVE WAR OR DATES)	212-28-		Robe:	rt F.	Morse	Sam	ne as #	13
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ATTENDIA hospital or RECTOR At mid-far use o pt-of-Health		220.1 certify that OH (this h saw the deceased alive above, (1) (yes) (did) (du 22b. SIGNATURE	on July	8 10 8	DEGRE	in (my) (ear) api	8, ta	JULY I	19 nd haur o		
HOSFITAL Of ourself by this of the State De ould be detect the State De PORTANT, if it		Best PHYSICIAN'S NAME (1)		RTON	M. D	ATTENDIN	N DIRECT	OR PHYSICIAN	476	7/9/8 ., MD 2	6
2	23a E	GURIAL, CREMATION, REMOVE Cremation		23¢ N	AME OF CEMETE	RY OR CREMATO	ORY 23d L0	TONSVIL			
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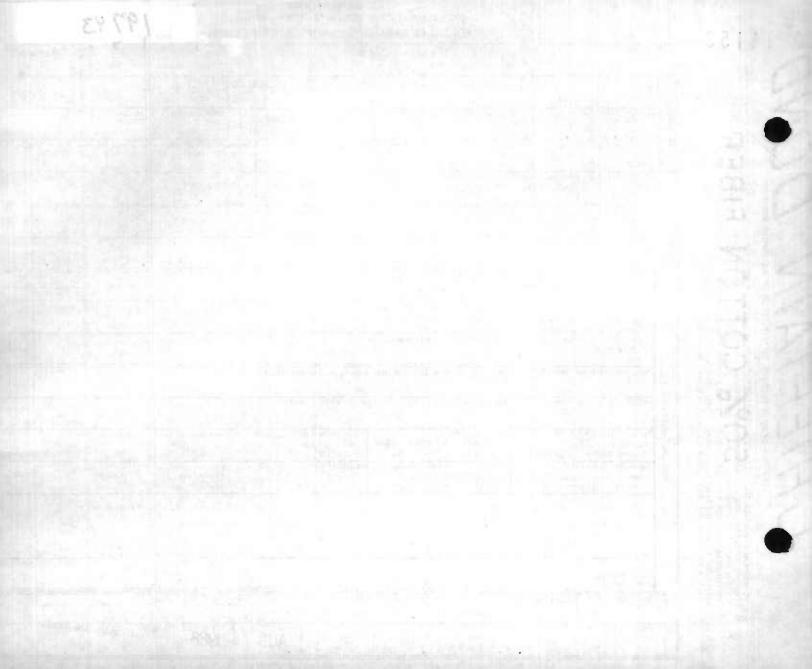
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0 1 -	0.00	1-	FOR STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH										12	
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	ET, ET,	(,,,,	2 On Thirty	WIT	T.T.AM	r.TAM MOSELY							ATED 7	-26-86 19	M	
	TE STEET	3. SEX		I. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR			IF UNDER		2c. DATE	M.C	ONTH DAY	YEAR 24 HOUR	
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	SE S	10. CI	TY OR TOWN C	F DEATH	11 NAME OF HO	SPITAL NI	JRSING HOME,	OR OTH	ER INSTITU	TION	120. USU		ION STYPE OF V	WORK 12b. KIND	OF BUSINESS DUSTRY	
	ATH. IF ANY DELAY IS NECESSARY, PLEASE S 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PM 3 SETAIN PAGE 5 FOR YOUR FILES. 40-2 SHOULD BE FILED, WITHIN PRECORDS, 201 W. PRESTON STREET,	В	altimor	е	857 MCK	im St	reet					oc. Se			JUSIKI	
5	ANN	USUA 13a. Si	L RESIDENCE (F IN NURSING HOME C	OR OTHER INSTITUTION,	GIVE RESIDENCE	E BEFORE ADMISSION		13d INSIDE C	TYLIMITES		ET ADDRESS		,		
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100	WIT WAR		TITLE (SPECIEV)										06.06			
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5	NOR SET TO		EXAMINER'S N	IAAAF		. 7	Voncil	MD		1		nn Str				
	TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE CREWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTIMENT BATTIMORE, MARYLAND, 21201 PRIOR TO BU		(TYPE OR PRIN	T)	Margari	ta A.	Korem	, M. D.	DDRESS_	<u>.</u>	11 10	IIII DCL				
	502549	23a.Bl	JRIAL, CREMATI	ON, REMOVAL 2			NAME OF CEM	ETERY OF	RCREMATO	DRY	23d. LOC	CATION		COUNTY	STATE	
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ZOM	DHMH - 17	24 FU	INERAL DIRECT		ADDRES					AUG				AR'S SIGNATURE		
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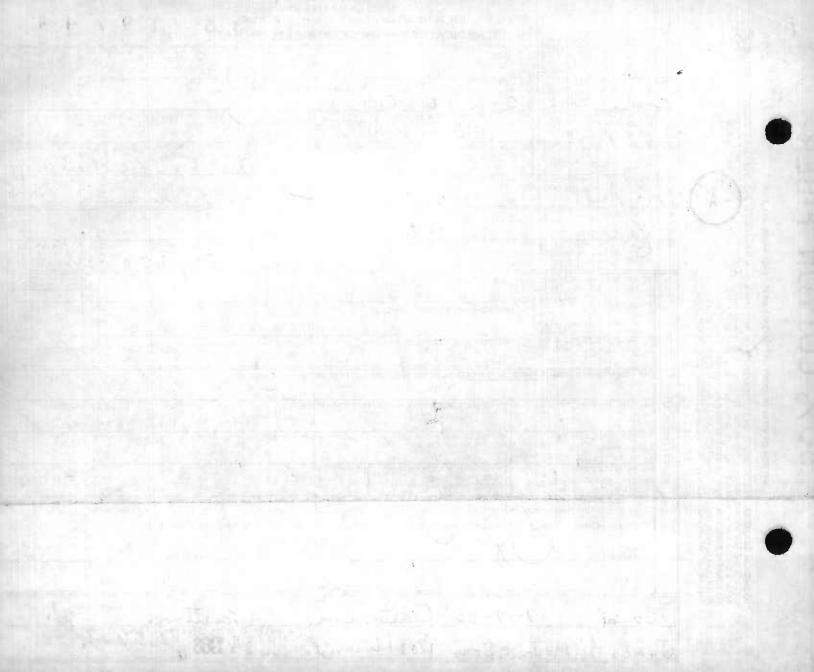
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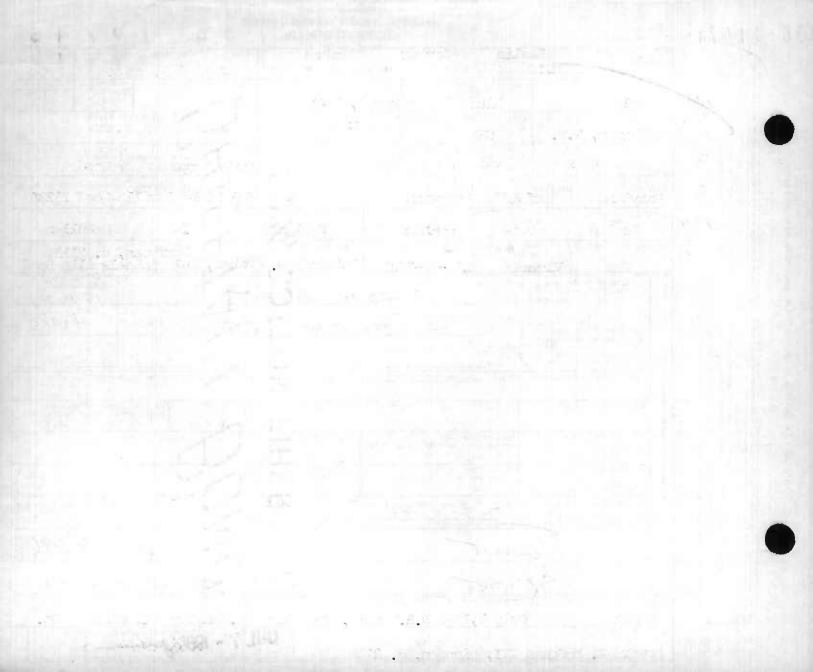


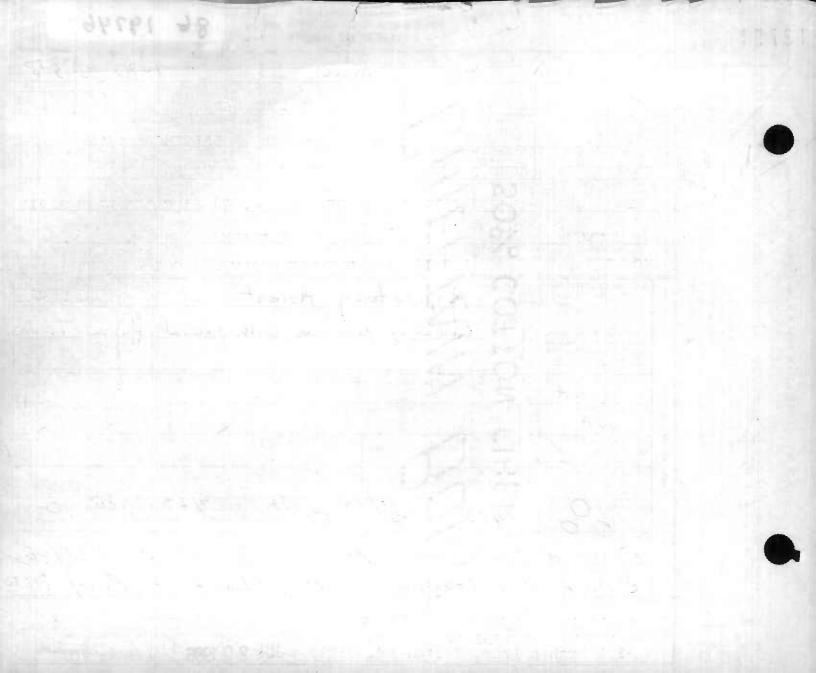
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEAT REGISTRAR 1. DECEASED NAME 26 HOUR C. S. KNOWN (TYPE OR PRINT) OF ESTI-29-8619 FRANKIE MOSES 5 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR DATE MONTH DAY LAST BIRTHDAY PRONOUNCED :30P. DEAD 02 - 12 - 54Black 3 2 YRS 7-29-86 19 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED DIVORCED Balto., Md. Baltimore City ID CITY OR TOWN OF DEATH 20 USUAL OCCUPATION (TYPE OF WORK 1726 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Laborer Baltimore 201 N. Carey Street ISUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 13c. CITY OR TOWN 130 STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore YES XXIO 201 N. Carey Street Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST FIRST Eddie Epps Carrie Moses 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS T. PAGES DIVISION (YES, NO. OR UNKNOWN) HEYES GIVE WAR OR DATES Eddie Moses 201 N. Carey St. 217-66-3870 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Stab wound of chest IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 B ED AS A HEALTH CERTIFICATION ULD BE USED TWENT OF HE TO BURIAL, USED OF HE 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO [FORWARDED TO THE COME. PAGE 3 SHOULD BE THE STATE DEPARIMENT AND, 21201 PRIOR TO BU 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING X OR 9:15RM 7-29-86 subject stabbed during altercation CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY stairs landing 201 N. Carey Street COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 220 I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry Hamicide X death resulted fram: Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNED 7-30-86 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery Burial 08-04-86 Baltimore, Maryland 07/84 BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** Brown/Thompson F.H. 1913 W. Baltimore (VR A15 ME (5)



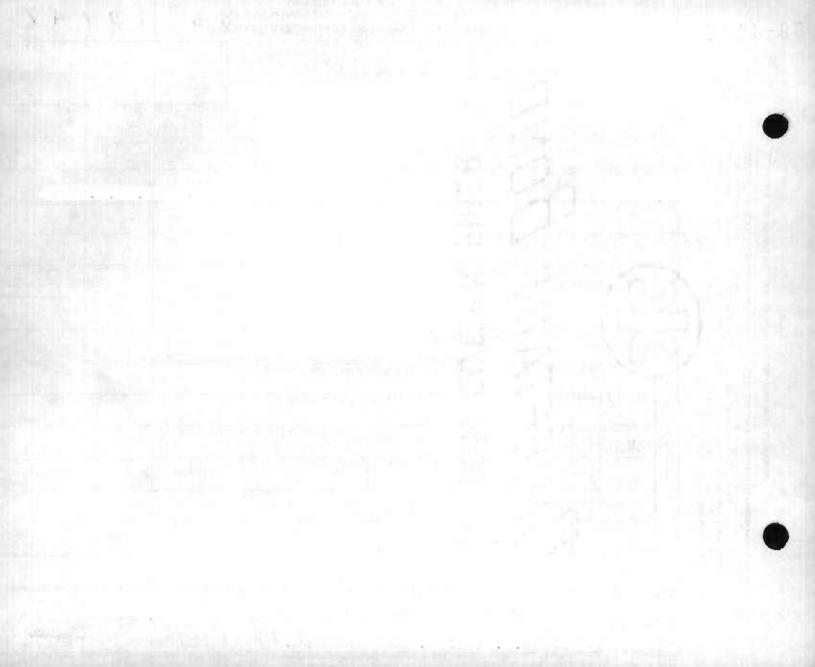
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			FOR STATE		EALTH AND MENTAL H	0 0	19	14	4
1 - 1	2212		REGISTRAR	MEDICAL EXAMINE	R'S CERTIFICATE O	FDEATH	REG. NO.	3.	-
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9	FEBERA!	1	/ IF	NOT IN SUCH FACILITY GIVE STREET ADDRESS)		FOR MOST OF	LIFE) P	OR INDUST	
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5	1	13a. S	L RESIDENCE (IF IN NURSING HOME OR OTHER	INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	13d: INSIDE CITY LIMITS?	13. STREET ADDRESS		7	12/1
MD. 2126	3480年一	01	narVland	Baltimor	YES NO [donin (lve -	. 2 6
9		14,F/	THER'S NAME		15 MOTHER'S MAIDE	N NAME			
2	7657211	1)	FIRST MIDDL	E LAST	Prest. O	MIDDLE		LAST	
80	88 × 4 9 -		VAS DECEASED EVER IN U.S. ARMED FO	Molley	NO. 17 INFORMANT	4 -	DDRESS		17 7 7
W M	SA CONS		NO OR UNKNOWN) (IF YES, GIVE WAR OR		NO. INFORMANT	T. An A		0/2	10 39
A.	AHTAN /	4			1 Lancey	Molley	6510 7	alki	uk Kd.
- 5	S X X		18 CAUSE OF DEATH (Enter only one of	cause per line for (a), (b), and (c).)	11		-	APPROXIMAT	
12	5×5×4		PART I DEATH WAS CAUSED BY:	Undetermine	d			BETWEEN ONSE	T AND DEATH
0	MEGNES.		IMMEDIATE CAU	DUE TO, OR AS A CONSEQUENCE OF					
53	ZZ Z PZ Z		Conditions, if any, which	DUE 10, OR AS A CONSEGUENCE OF	())			-	
E	自己要を考定	1	gove rise to immediate	(b)	-7-1				
*	NAME NO			DUE TO, OR AS A CONSEQUENCE OF					
20	EZSZZZ		lying cause last.	(c)					
8	864236		PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTIONS	UTING TO DEATH BUT NOT RELATED TO THE TERMINA	THE MENT OF CONDITIONS OF THE PART OF THE	AT 1			
80	BA POST	z		THE TERMINA	AL OUTERSE OR CONDITION DIVER IN TAI	KI 1 101			
8	BARRED -	HICATION	190 DATE OF OPERATION						
3	当に 中部 三本 /	5	198 DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED?			20 AUTOPSY	?
E	X82556							YES M	NO 🗌
	世多里の名の	CERT	21a. EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART	2)	
2	SHOWE	¥	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR					
9	E SE PAS	1 %	21d INJURY OCCURRED	P.M. 19 21e PLACE OF INJURY (ATHOME,	211. LOCATION				
2	SER SE	#		STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUN	ATY	STATE
	A PAGE		AT WORK AT WORK						
	DES PRE		220 I certify that I took charge of the	remains described above, held on	Autopsy X, Inspection	Inquiry	and in my opin	nio n	
	#QX 5±5		/				[57] kr	non	
-	₹####################################	100	death resulted from: Natural conf	Acodent J., Suicio		Undetermined manne	F (A) (A)		
	\$ 5 E E E E	15	ACTUAL X	V ~	TITLE (SPECIFY)		DATE	7/10	100
	3#58£# ==	10	ACTUAL SIGNATURE	0	ASSIStan	MEDICAL EXAMINE	R DATE SIGNED	7/10	1/86
3	NAME OF THE PARTY	1	EXAMINER'S NAME						
	¥C%BRE		(TYPE OR PRINT) Gregor	y R. Kauffman, M.D	ADDRESS 1	ll Penn St.			
	534544 _	23a.B	JRIAL, CREMATION, REMOVAL 236 DAT	TE 231. NAME OF CEME	TERY OR CREMATORY	23d. LOCATION		- A	
	m 217	- (5	200 7-	14-86 Balta	100	CITY OR TOWN	CONNE	mi	# TE
07/84 25M	BP	24 E	JNERAL DIRECTOR	1 ou sauto	250 DATE B	REC'D BY REGISTRAR 12	AL DECHEMOAD COM	100	
	DHMH - 17	-	NAME A A	APDRESS . 7. 1	04 1111	1 / 1000	Ma Day Com	-Manharman	2
	(VR A15 ME (5))	0	Ames 7. Merlon	+ 2000 1/01 hav	uen Ti Ulli	14 000 9			







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	0	17104		CEASED NAME	FIRST		WIDDLE			LAST		20	DATE KI	NOWN		DAY YEAR	2b. HOUR
	12	Marin St.	11111		HELEN		Б.		1	MULL		-3	OF DEATH A	MATED [□7 - 30	-86 19	
	P.	ASSESSE	3. SE		15. C	DATE OF BIRTH		AGE (IN YEAR	s IF UN	DERTYR	IF UNDER 2		DATE		MONTH	DAY YEAR	R 2d HOUR
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	3	STATE OF	7a. B	RTHPLACE (STATE OR		CITIZEN OF WH		11./		D NEV	(ED 11 A DD 15	9	BALTIMO	RE CITY		TY OF DEATH	7.000
		ECESA INERA POR V		reign country)	ina	USA		2-11	WIDOW		DIVORCE	-	Balti	more	City		
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	2120	SAME A	13n. S	Carolina	COUNTY		Tred		110	13d. INSIDE (17					e. S.	E. Hic	korv
	ND.	T NESSON T	14. F	ATHER'S NAME						15 MOTHE	R'S MAIDEN						
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	OK.	NER AL H		Canditians, if any gove rise to im-		(b)											
	3	A AMIL OR TR	7	cause (a) stating the lying couse last.	e under-	DUE TO, OR	AS A CONSE	EQUENCE OF									
	. 201	IN SERVICE				(c)											
	RECORDS	E. WRITING THE SHOULD BE EXECUTED. E. WRITING THE WORD "PENDING" IN PRIVABLED TO THE CHIEF MEDICAL EXA. FAGE 3 SHOULD BE USED AS A BURIAL. STATE DEPARTMENT OF HEALTH AND MEDICAL. 7, 21201 PRIOR TO BURIAL, CREMATION,	-	PART 2 DTHER SIGNIFICANT CO	HOITIONS CONT	RIBUTING TO DEATH B	UT NOT RELATES	D TO THE TERMIN	AL DISEASE	OR CONDITION	GIVEN IN PART	[] (a),					
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	N N	SETIN SETIN	MEC	WHILE NOT WE AT WORK	HILE		ORY, FARM, ETC.			REET			CITY OR TOWN	4	cc	YTAUC	STATE
	1	WARE WARE PAGE 2120		AT WORK AT WOR	rk -												
		NO. HES		22a I certify that I to	ok chorge af	the remains desc	ribed abave	, held an	Autops	y L	Inspection	<u>X</u>],	Inquiry], 。	and in my o	pinion	
		PE PE		death resulted fram:	Natural co	ouses X,	Accident L	J, Suici	ide,	Homici			mined mon	ner 🗌			
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		A SHAN		SIGNATURE	went	7-W W	ne.	ruce	<u>></u> M.I	Ass	istant	E MEDIC	AL EXAMIN	VER	DATE	7-30-8	6
		MEDICUTE SE 4 SE 1 MO		EXAMINER'S NAME	Ma	argarita	A. K	orell.	M.D.		111	1 Pen	n Str	eet			
-		TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 2	73a B	(TYPE OR PRINT)URIAL, CREMATION, REM				ME OF CEME				[23d. LOC/					
6	616	1000	(5	BURIA		-04-86		LE GR				CITY OR	TOWN	00			STATE
7	250	Pt	24 F	UNERAL DIRECTOR							So. DATE RE	C'D. BY RE	IRKE	CO.	GISTRAR'S	SIGNATURE	NA
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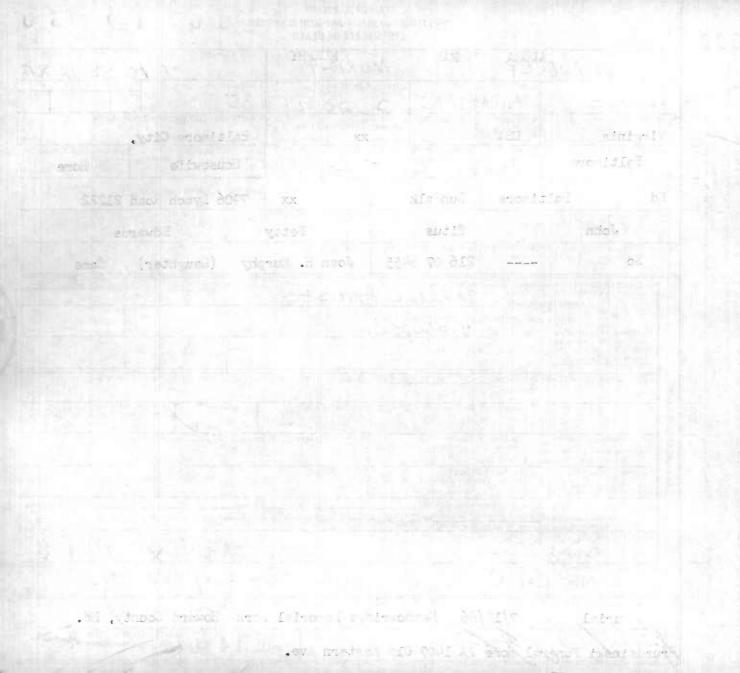
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2 hours	70. BIRTHPLACE	STATE OR FOREIGN	76 CITIZEN OF WHAT		RIED ANEVER	MARRIED -	9 BALTIMORE C	TITY OR COUNTY	OF DEATH	
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201 ors offer iled w		MAIRE	PROVI		HOSP			MOST OF WORKING LIFE		
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AORE, I		SED EVER IN U.S. AR	MED FORCES? 16b S	OCIAL SECURITY NO			1 1	ADDRESS		2217
ST., BALTIMO	IB CAUSE PART I.	DEATH WAS CAUSE	nly one cause per line to D BY: TE CAUSE (o)	erdia	- 1e	sper	aton	anses		MATE INTERVAL INSET AND DEATH
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RDS, 2C equires of Then plur injury, a		THER SIGNIFICANT (CONDITIONS CONTRIB	BUTING TO DEATH	BUT NOT RELATE	D TO THE TERM	NAL DISEASE OR	CONDITION GIV	EN IN PART 110	
AL RECO	THE PROPERTY OF THE CATE OF TH	OF OPERATION	196 CONDITION	FOR WHICH OPERA	TION WAS PERFO	DRMED	20a AUTOPSY YES □ NO	IN CERTIF	, WERE FINDIN YING CAUSES (
OF VITAL HCIAN: The g physicio errificote iol-fronsit intel Hygie in 18 sho	00.000.000	NT WAS UNDERLYING UTING CAUSE OF DEA	HOUR A.M. A	MONTH DAY YE	21c HOW IN	NJURY OCCURR	ED (ENTER NATURE)	OF INJURY IN ITEM IB P	ART 1 OR PART 2)	
DIVISION NG PHYSt offer this ce os the burn th and Mer	~	YOCCURRED	21e. PLACE OF INJ		211. LOCATI		CIT	Y OR TOWN	COUNTY	STATE
ENDI rol or ruse Heal	22a.l certi	y that (l) (this hospi he deceosed olive an	tol) ottended the dese	0 19 86	and that in (my	, 19	eoth accurred on	the date and hour		hat (I) (we) last
Dir. he	27h. SIGN		it view the body ofter o	deoth	DEGREE	ATTENDING	MEDICAL	STAFF	22c DATE S	SIGNED
TO HOSPIFAL TO FUNERAL should be det with the State	22d. PHYSI	CIAN'S NAME (TYPE O	erad	M 220	270 ADDRES	PHYSICIAN [ew-	Hosp	ital	30.01
Bb———	SPECIFY)	MATION, REMOVAL	8-5-86	. /	FCEMETERY OR	N	BACT		COUNTY N.	20 STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIR	ECTOR	ues 7272		FIN A	25a. DATE	REC'D. BY REGIS	TO A DIREL DECIST	RAR'S SIGNATU	IRE Jondalls

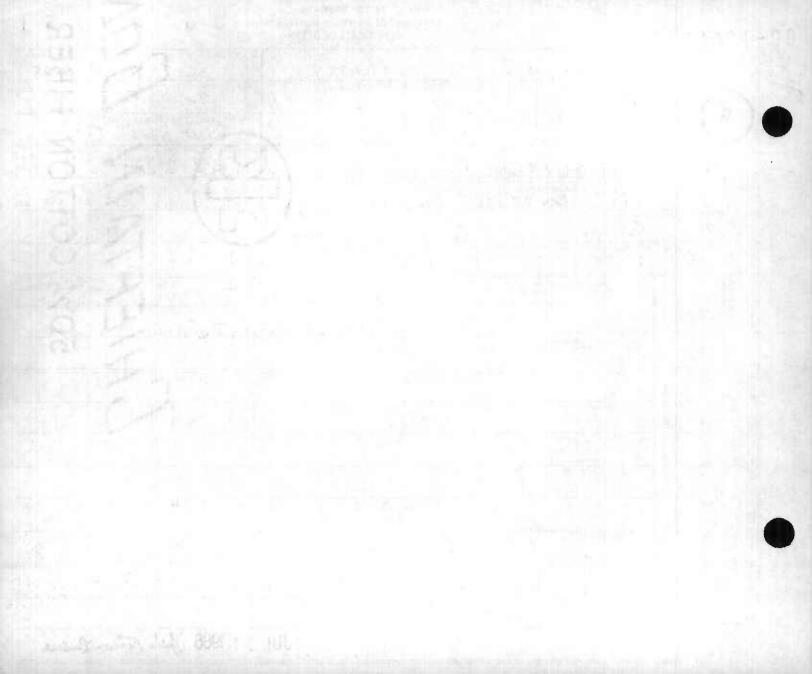
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	ge 4 mo ector, p	_	3. SE	EMALE		PAUCA	SIAN	5. DATE C		85	117.3	MONTHS DAYS	IF UNDER 24 HRS
	de out. P	13	1	RTHPLACE (STATE OR FORE COUNTRY) irginia		USA	WHAT COUNTRY?	WIDOWE		□ Ba	MORECITY <u>OR</u> COUN ltimore Cit	y,	MD.
0	Tib	31	1	my or town of death		FRA	NCIS STREET	of T	OR OTHER INSTITUTION	Real TYPE OF H	ALOCCUPATION VORK FOR MOST OF WORKING DUSEWITE	12b. KIND OF INDUSTRY.	BUSINESS OR
AND 21		85	13mg		Baltir	more	GIVE RESIDENCE BEFORE 130. CITY OF TOW Dundalk	ADMISSION)	138. INSIDE CITY LIMIT		of Lynch Ro	DE 21222	
MARY	the state of	12	1	ATHER'S NAME FIRST John	MIDE		Titus		IS MOTHER'S MAIDEN			vards	
TIMORE	be exection ond s. Poges	medica 1	160	VAS DECEASED EVER IN YES, NEW UNKNOWN) (1	U.S. ARMEI		216 07 8		Joan H. 1	urphy	ADDRESS (Daughter		
RDS, 201 W. PRESTON ST., BALT	requires that the deoth certificate in signed by the attending physic Then please remove corbon paper it a burial, cremation, or removal	injury, or other traumatic event,	NOI	Conditions, if any, wi gove rise to immed couse (o), stating	mEDIATE C	DUE TO, OI	R AS A CONSEQUE 11 10 SC R AS A CONSEQUE	NCE OF	Arrest NOT RELATED TO THE	TERMINAL DISE	: ASE OR CONDITION C		NATE INTERVAL
TAL RECORD	The low ricion. The hos been sit permit.	S ony	CERTIFICATION	190. DATE OF OPERATION		19b CONDI		OPERATIO	N WAS PERFORMED	YES [IN CER	YES, WERE FINDING TIFYING CAUSES O YES []	GS USED OF DEATH? NO
DIVISION OF VIT	PHYSICIAN: TI ending physici this certificate te buriol-transiti ad Mental Hygi	4	MEDICAL CI	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL I	SE OF DEATH	HOUR A.P.	m. month da m.	19	21f LOCATION	CORKED (ENTE	CITY OR TOWN	COUNTY	STATE
DIVIS	AL OR ATTENDING , the hospital or atti AL DIRECTOR: After detached for use as the ofe Dept, of Health or	ANT: If them 21 is morked	W	WHIE AT WORK NOT WHILE AT WORK 220. I certify that (1) (the saw the deceased abave, (1) (we) (did) 22b. SIGNATURE 22d. PHYSIÇIAN'S NAM	is hospital) alive an (did nat) vi	ottended the	e deceosed from	, 01	d that in (my) (aur) api DEGREE ATTENDIN PHYSICIA	MEDIC	orred on the date and h	22c. DATE S	hat (I) (we) last auses stated
	TO HOSPIT retoined by TO FUNER should be with the St	IMPORTAN	23a.	LING BURIAL, CREMATION, RE/	MOVAL 1	11N DATE	23c. N	IAME OF C	EMETERY OR CREMATO	ORY 23d 1C	CEY MEDICATION		STATE
	BP		14	Burial	S Jaj	7/12/ Home	C		dge Memoria	DATE REC'D E	Y REGISTRAR 25h REGI		IPF 4 44

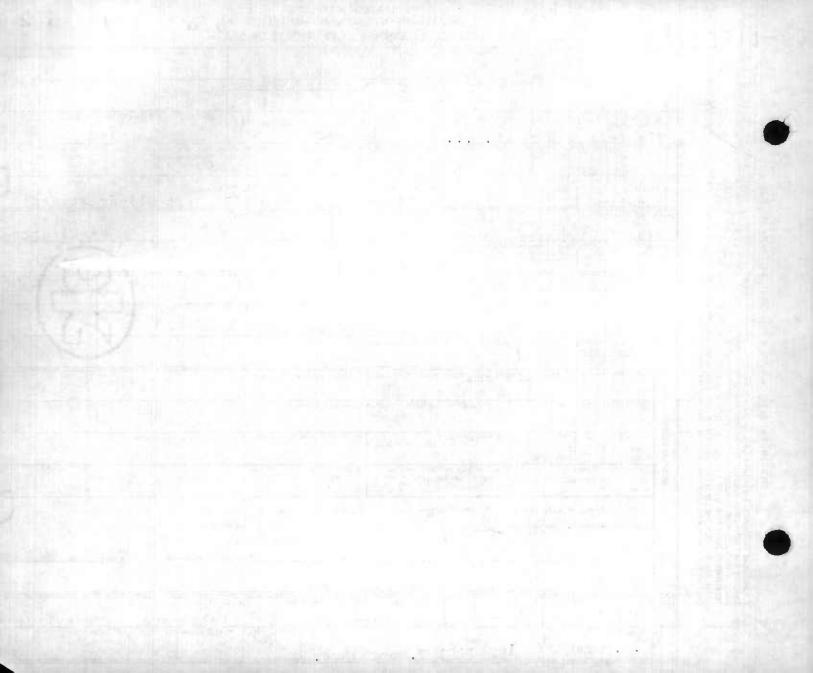


				STATE OF MARYLAND		
00-12085	1.	FOR STATE REGISTRAR	DEI	PARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 6	19/5
V n me		CEASED NAME FIRST	A MIDOLE	M	20. DATE OF DEATH MONTH	OAY YEAR 26 HOUR
deor deor			rek C	JUPPAY	7	4 86 5:35 M
	3. SE	F	RACE COOM	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	To BI	RTHPLACE (STATE OR FOREIGN)	Cau Castan		9 BALTIMORE CITY OR COI	INTY OF DEATH
		Baltimore	JU. S. /	MARRIED NEVER MARRIED WIDOWED DIVORCED	b OLT.	ore City Mo.
11112	10 C	D 01-		LURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	
130	dSU.	AL RESIDENCE (IF NURSING HOME OR C	OTK Say	Thore Jeneral Mosp	NUTSe's WE	de Health
Z4 h	Tale. S	TATE 136 COUNT		R TOWN 134. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	0 - 14
Ahn Ala	14.)FA	THER'S NAME		len Ruthie YES NO DO		(00F1 AFT 595/2106
MAR A MAR	1	George	GO G	ST PIRST	MIDDLE	Jone (
ORE,		VAS DECEASED VER IN U.S. ARM	MED FORCES? 166 SOCIAL	SECURITY NO 17 INFORMANT	ADDRESS	Jones
FIMC S. P.		No	236-3	6-1486 Tatiente	Hart	
BAL cote coper oper ovel		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane couse per line for Iai, I	b, and ic.	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ertifica ertifica ng phy bonpo remov c event		IMMEDIATE		dio pulmonary U	rres	lomin
tendin e corl			DUE TO, OR AS A CON		200	16 1
W. PRESTON ST of the death cert y the ottending is remove carbon cremation, or rer ther troumatic is		Conditions, if any, which gave rise to immediate	(b) Conrol	nie obstructive fulmoi	Mary Disease	13 Usea.
_ 2 0 0 0		couse (0), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF		
gned buriol rry, or		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	N GIVEN IN PART I I a
or to	CERTIFICATION					
RECORDS. low requirement. There e prior to be sony injur	FICA	190 DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATION WAS PERFORMED	INC	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
TAL The property of the proper	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	11, HOW INTURY OCCUR	YES NO RED (ENTER NATURE OF INJURY IN ITE	YES NO
DIVISION OF VITAL NG PHYSICIAN: The ottending physicior wither this certificate his as the buriol-transit proof whentol Hyger provided or fem 18 shoot was a second or fem 18 shoot was a sec		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTE	H DAY YEAR	LEMER MATCHE OF INJURY IN THE	M 18 PARI I ORPARI 2)
HYSK ding ding ding Menic Menic	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
G PHY offendi offendi ond M	¥	WHILE NOT WHILE	(AT HOME STREET, FACTORY, C	OFFICE, FARM, ETC } STREET	CITY OR TOWN	COUNTY STATE
or or seed the more more and the more seed the		22a.1 certify that (I) (this haspite	ol) ottended the deceased	fram 4/19 19 86	10 14	
TTEN Spritol Spritol Spritol Spritol		saw the deceased alive an abave, (1) (we) (did) (did nat)	view the body ofter death.	19, and that in (my) (aur) apinion	death occurred on the date and	d hour and fram the causes stated
OR A DIREC DOREC Dept.		27b. SIGNATURE	00 cD	DEGREE		220 DATE SIGNED
~~ ~± ~± «		sozek	w Ko	M.D. ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	8 17/4/86
O HOSPITAL Con		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	M D 200 /	· Ilan of	RAL MA
TO HOSP retained TO FUNE should be with the MPORTA	22 0	Jone CK	of chou	110.	- Manoug SI	. Day imore, MD
BP		URIAL, CREMATION, REMOVAL REMOVAL	7-4-86	23¢ NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	24 FU	INERAL DIRECTOR	17-4-00	75a DA	TE REC'D, BY DE SETRAR 26 RE	GISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)		Anatomy	Board	Balto., Md. JU	1 1 1986 fue	Dendern Randales

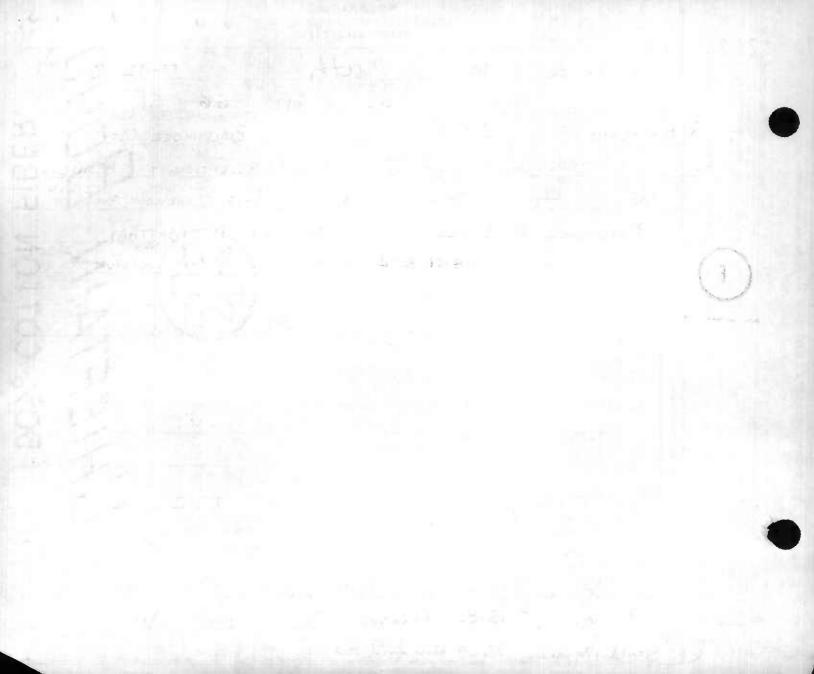


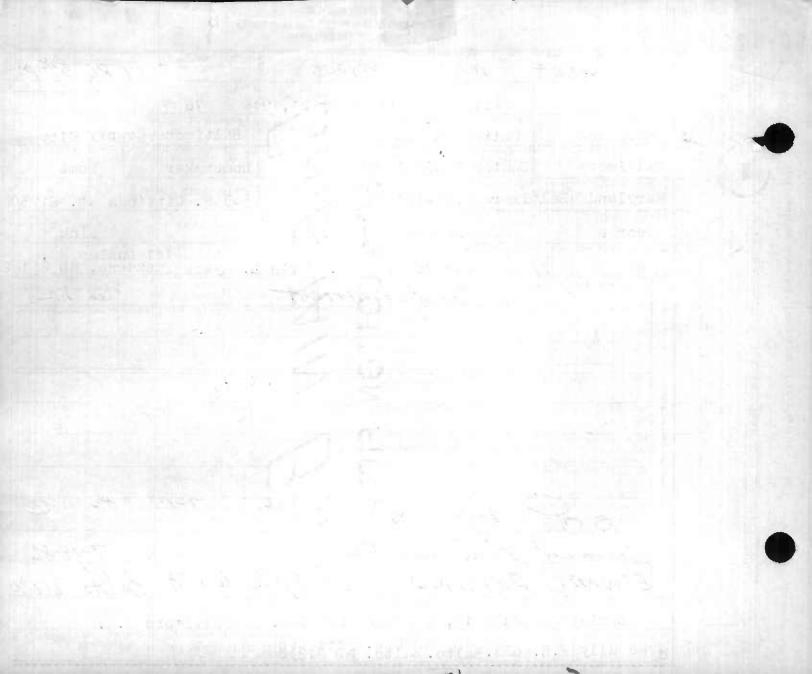
DEPARTMENT OF HEALTH AND MENTAL HYGIEN® - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN IX (TYPE OR PRINT) ESTI-HOF YOUR FILES.
HILLIN 72 HOURS
RESTON STREET, DEATH MATED 86 Louis Muse 19 4 RACE DATE OF BIRTH AGE UN YEARS IF UNDER 1 YR IF LINDER 24 HRS 26 HOUR 26 DATE YEAR LAST BIRTHDAY PRONOUNCED DEAD 10 14 72 1986 a M 76. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY Virginia ID CITY OR TOWN OF DEATH U.S.A WIDOWED DIVORCED Baltimore City 1, 2, AND 3 TO THE THE STAND 3 TO THE STAND PAGE TO 2 SHOULD BE THE STAND THE STAND 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 17h KIND OF BUSINESS FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) OR INDUSTRY Baltimore 2538 E. Oliver St SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) 21213 3a. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS 2538 East Oliver Street YES Maryland Batlimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Muse Washington Peachie Marv 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 146 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Dorothy T. Grayson 2538 E. Oliver Street 217058727 ORD "PENDING" IN PENCIL IN ITEM 18. G CHIEF MEDICAL EXAMINER ALONG WIT SE USED AS A BURIAL - TRANSIT PERMIT. PI TI OF HEALTH AND MENTAL HYGIENE, DIV UNRAL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA Alzeheimers Disease, Diabetes, Chronic Renal Disease 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ACATE, WRITING THE VICENCE FORWARDED TO THE CHIE TOR: PAGE 3 SHOULD BE US TOR: PAGE 3 SHOULD BE US TOR: PAGE 10 SHOULD BE US YES | NOV 71a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 214 INJURY OCCURRED 21f. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITH PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE X 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7/5/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St (TYPE OR PRINT) 73a. BURIAL, CREMATION, REMOVAL 73b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Burial 7-9-86 Baltimore Cemetery Baltimore Maryland 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DAJE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Wm.c.March F/H Inc 1101 E.North Ave (VR A15 ME (5))

STATE OF MARYLAND

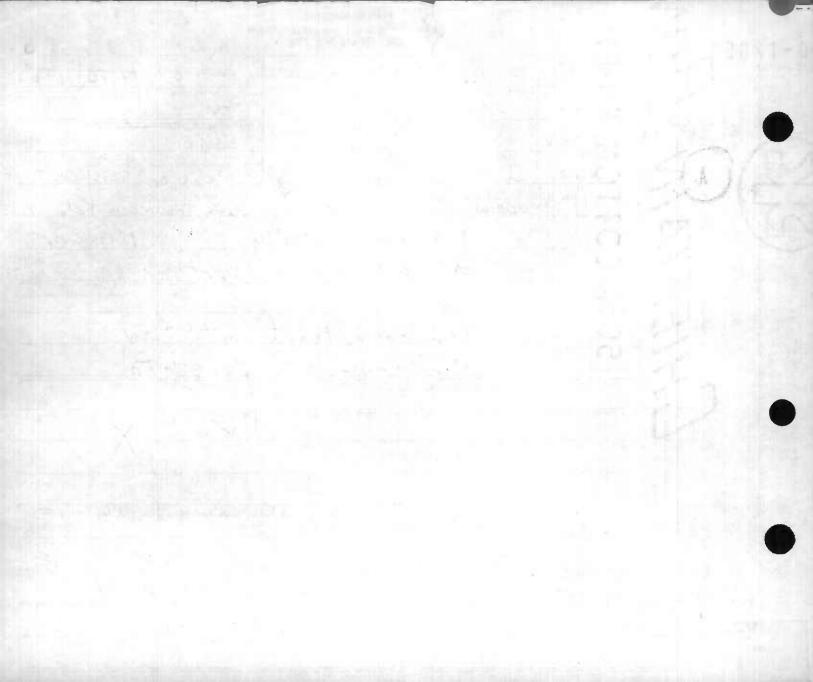


				STATE OF MARYLAND		0 1 5 7
	1	FOR STATE	DEPAR	MENT OF HEALTH AND MENTAL HY	GIENE 8 6	4/23
101	1.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	24¢
4		CEASED NAME FIRST	MIGOLE	LAST		DAY YEAR 26 HOUR
	(TYPE	A/ Vera	Μ.	muth	7-1	2-86 3°9M
	3 SEX		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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n		FREDERICK	B. LAUER	Augus	TA P. MATT	HAI
		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC		ADDRESS	21208
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5		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 110
	ON O					
-	AT	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED		S, WERE FINDINGS USED
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-	CERTIFICATION	210 ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18 I	PART I OR PART 21
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11		226. SIGNATURE	(0	DEGREE ATTENDING	MEDICAL STAFF	220 DATE SIGNED
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1		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	16 11	.60
1		KABI	'I AWIL	Good S	ounarifau Ho	spilal
1	23o B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
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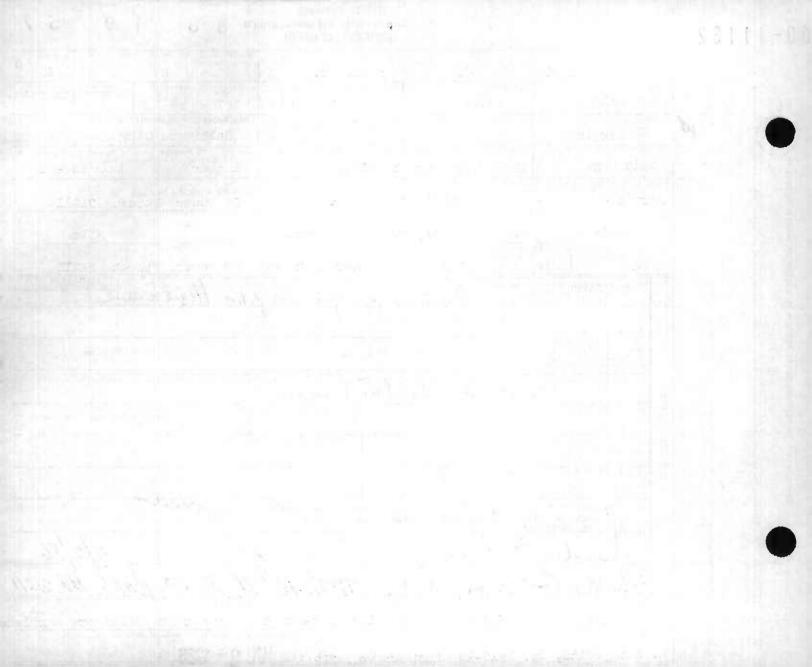




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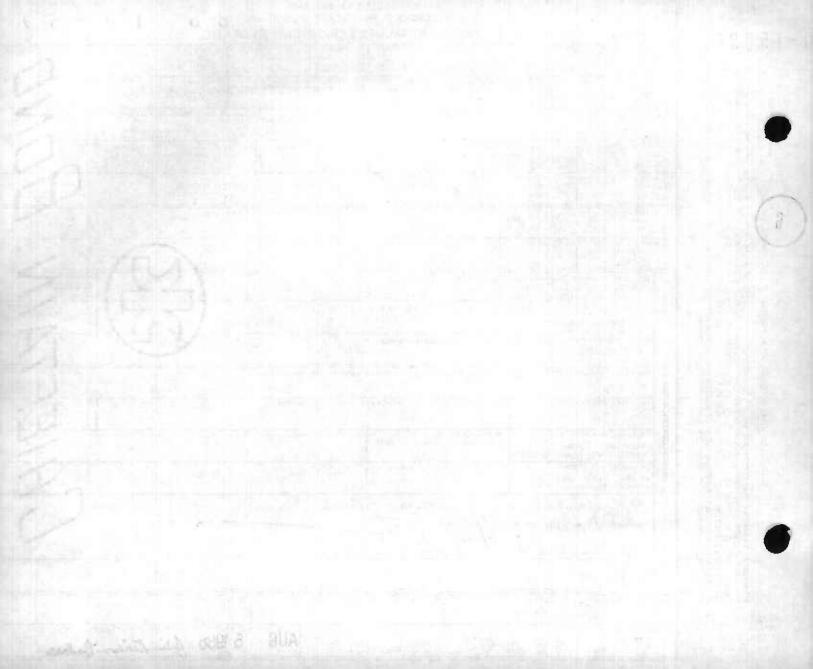
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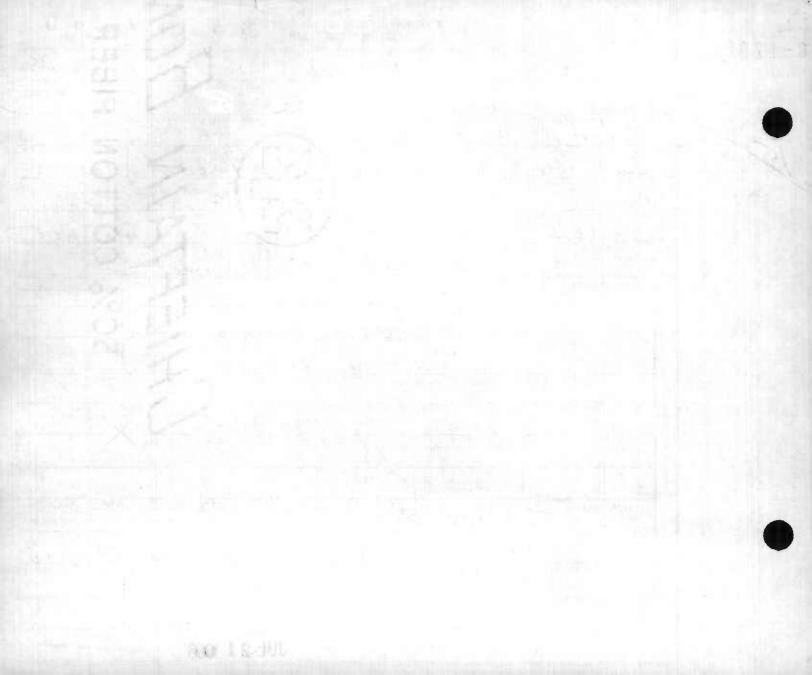
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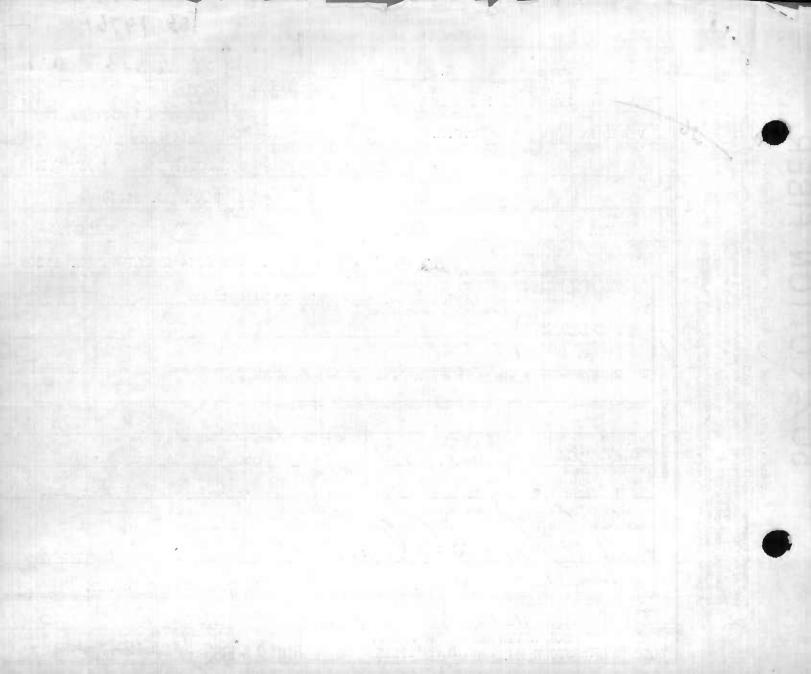
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	TO MEDICAL EXAMENEE CERT PAGE 4 SHOULD FOR TO FUNERAL DIRE AFTER DEATH, WITH PAGE MARY MARY PAGE MARY MARY PAGE PAGE MARY MARY PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	72a D	BURIAL, CREMATION, REMOVAL 23			NAME OF CEM		DDRESS						
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1/1/33 1/1	10 C	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
D(11) K	2	Baltmore	Suth But	timere Genera	TYPE OF ARK FOR POST OF WORKING L	(Lustodian
2 1 101	U5U,	AL RESIDENCE (IF NURSING HOME OR O			Hae STREET ADDRESS / ZIP COD	_s 21225 Sout
100	130	MD	Baltimon	e YES NO	1117 Laru	e Square
E + 15 200	M. FA	THER'S NAME	ODLE LAST	15 MOTHER'S MAIDEN N	AME MIDDLE	1244
W B day 200	3	Samuel	talm	er Essilly	+	4almer
Age of the same		VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECTION OF DATES)	17. INFORMANT R	iley 55/18 Wesley	v Avenue
1 1 1 1		YES, GIVE T	231248	2443 We dic	il Chew	
MA STATE OF		18 CAUSE OF DEATH Enter only	one couse per ling for (a), (b), ar	nd Ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 1000		PART I. DEATH WAS CAUSED IMMEDIATE		a ser, toneu	-tan	
N S Cer cer cer cer cer rebo		MMCDIAIC				The second
RESTON e death control of the contro		Condition if an artist	DUE TO, OR AS A CONSTOU	ENCE OF TOO (P. d)	evocercinon	
A de de de de de trou		Conditions, if ony, which gove rise to immediate	(b) F. W. C.	5/41.0	and the contract of the contra	
W.P by the by the crem other		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQU	K1 (- 0	
or o			(c) Corc	Mond of	oron	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The low requires that the death cert offending physician. Her this certificate has been signed by the attending is os the burial-tronsit permit. Then please remove carbor th and Mental Hygiene prior to burial, cremation, or ret arked or Item 18 shows any injury, or other traumatic ex-	Z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED OTHE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 100
	CERTIFICATION	190 DATE OF OPERATION	TION CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
REC no. n. n. n. n	F.	THE DATE OF CITEMATION	The Condition of Wines	O EKANION WAS TEKNOMIKED	IN CERTI	IFYING CAUSES OF DEATH?
N: The It ysicion. cote hos onsit pe Rygiene Rygiene	E					ES NO
Mysicale Incore Incore Incore Incore Incore Incore Inspection In It is shown in I		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PAT I O PART 2)
SICIA ng p ocertif priol-t	S	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
SION OF VI	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	FARM FICE	CITY OR TOWN	COUNTY STATE
VIS G P Orte one ked	Z	AT WORK AT WORK	(AT HOME STREET, FACTORY, OFFICE,	ranm, etc.)	,	
DO OE		17s.1 certify that St. Wis hospita	Duttended the deceased from,	7 09 19 8	6 to 7116	, 19 60 , that we ast
		saw the deceased alive an_	July 16 10	and that in (ne (cur) opinio	n death occurred on the date and ha	
RECTOR Hed for upept of Hem 21 is		775 SIGNATURE	view the body after death.	DEGREE	•	22c. DATE SIGNED
The Day		(x Hulde	MA ATTENDING	MEDICAL STAFF	Flu Ch
SPITAL d by th NERAL be dete the Store ITANT: I		THE PHYSICIAN'S NAME AGEOR	Buller	PHYSICIAN 172e ADDRESS	DIRECTOR PHYSICIAN	111600
HOSPITAL inned by the FUNERAL vold be det to the Store		_)	ton Ilun	2001 5	January S	
TO HOSPITAL entitled by 1 TO FUNERAl should be de with the Stort	0.5	_ ~.	0114 10	2012	CALLIA COL) ,
	73a I	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY		CO. Md.
BP			7/21/86 Mc	ount Calvary Cemet		
DHMH - 16 60M 7/B4		UNERAL DIRECTOR	1101 E ADDRESS.		ATE REC'D. BY REGISTRAR 256 REGIS	
(VRA 15, 4)	Ma	rcĥ [™] Funeral Home	es 1101 East N	orth Avenue	JL 21 Beb Juna	United States

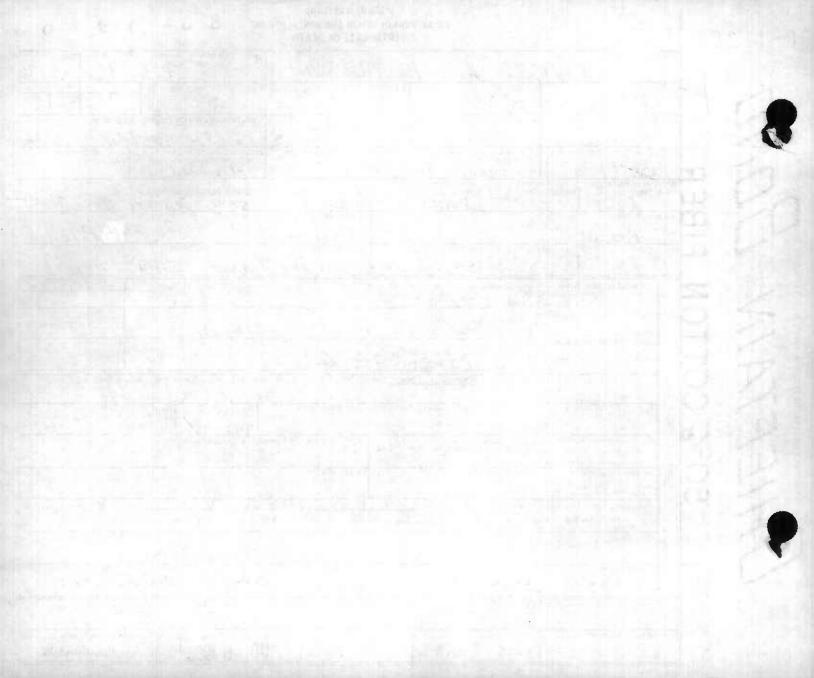


STATE OF MARYLAND FOR TOF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO DECEASED NAME KNOWN ((TYPE OR PRINT) G. DEATH MATED Deane 9 Newmever 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 0:12 WHITE FEB. 10,1903 83 FEMALE DEAD 7-19 BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. DIVORCED XX VIRGINIA WIDOWED [Baltimore City 1 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124. USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS AT HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOUSEWIFE Baltimore University Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTO 13d INSIDE CITY LIMITS? 13e STREET ADDRESS RD. 21210 13b. COUNTY MD 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MEYER FRIEDMAN GÛTMAN **ESTHER** 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 20-09-5187 LOUIS G. KATZ 3344 LIGHTFOOT DR. 21208 NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Multiple injuries with complications IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CTOR: PAGE 3 SHOULD BE US...
CTOR: PAGE 3 SHOULD BE US...
CTARE DEPARTMENT OF HEAT
TO REPORT TO BURIAL, OF THE MEAT
TO BURIAL 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗐 NO F 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 12:30 . M. 7-7 1986 HOUR XX MONTH DAY YEAR Driver in motor vehicle accident 21e PLACE OF INJURY (AT HOME, 211. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK roadway University Hos., Baltimore, Balto City Nd. PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PY
AFTER DEATH, WITH THE STA 220 I certify that I took charge of the remains described above, held on and in my opinion death resolted from Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE Chief 7/20/86 MEDICAL EXAMINER EXAMINER'S NAME John E. Smialek, M.D. lll Penn St. Balto, MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 234 LOCATION COUNTY STATE CREMATION 7/21/86 LOUDON PARK CREM BALTO MD 07/84 24 FUNERAL DIRECTOR SOL LEVINSON & BROS. . INC. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** 6010 REISTERSTOWN RD. BALTO, MD 21215 (VR A15 ME (5))



4 7	1.	FOR STATE REGISTRAR			DEPARTN	ENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 6	10.	9 7	6
		CEASED NAME FIR	RST	MIDDLE	Allen .	ι	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
deoth		MYRT	LE	M	1.	NI	CHOLS		7 29	86	4:20
	3. SE	X .	4 RAC	E		5. DATE C		6 AGE (IN YEARS LAST BI	THDAY) IF L	INDER : YEAR IF	OURS N
		Female	W	hite		8	1 08	77	YRS	IHS DAYS H	JURS N
es l	20 BI	RTHPLACE (STATE OF FOREIGN	N 76 CIT	IZEN OF WHA	T COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
5		Maryland		U.S.		WIDOWE		Balto	. City	, _	
Control of the contro	10 C	TY OR TOWN OF DEATH Balto	11. N _e	NOT INSUCH FACE	ITAL, NURSIN	G HOME C	ROTHER INSTITUTION	12a USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST VICE I	OF WORKING LIFE	126 KIND OF B INDUSTRY Pri	
t be 6	USU.	AL RESIDENCE (IF NURSING H		INSTITUTION, GIVE R		ADMISSION)	134 INSIDECITY LIMITS?	13e STREET ADDRESS	100.	111	ICII
Ē	-	Md.			Balto		YES NO	830 W.	40th	St	212
un e	14. F/	THER'S NAME	WIDOLE	100/100			15 MOTHER'S MAIDEN N			LAST	
\$00		Alonzo	WIDOLE	Mur	rell	415	FIRST	MIDDLE		LASI	
loo!	160	VAS DECEASED EVER IN U	J.S. ARMED FO		SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
medic	1	NO	TES, GIVE WAR OR		0-12-	5722	Mr Norm	is Nichola	0		11 1 2
buriol, cremotion, or riry, or ather troumotic	7	Conditions, if ony, wh gove rise to immedia cause 10°, stating underlying cause la	ote the DI	UE TO, OR AS (b) UE TO, OR AS (c) TIONS CONTR	a Conseque	NCE OF	Cond T-2	Jesion MINAL DISEASE OR COP		4 M	<u>} </u>
prior to	CERTIFICATION	19a DATE OF OPERATION	J 10	A CONDITION	FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	120h IEVES W	VERE FINDING	SIICED
No SM	5	THE DATE OF OTERATION	` "	CONDITION	TOR WITHEIT	-	WASTERI ORMED		IN CERTIFYIN	IG CAUSES OF	DEATH
Item 18 sho		21g ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	E OF DEATH	Ib. TIME OF INJ HOUR A.M. P.M.		Y YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	YES [JRY IN ITEM 18, PART		NO 🗌
ked or it	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		e PLACE OF IN			211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATI
or use of of Health		22a I certify that (I) (the	live on		ged from_		d that in (my) (m) apinion	n death occurred an the	, 19. date and haur a	and from the car	ut (I) 🖊
TANT: If Item		obove, (I) (we) (did) (22b. SIGNATURE	19t.	Germ	D death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE SIC	NED 86
Š /		GRECOE.	(TYPE ORPRINT)	NAUK	cr		3300 N	· CALVER	T 51	- 25	811
3 3	23a. E	SURIAL, CREMATION, REM SPECIFY) Remova		DATE 7-29-8		IAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	со	UNTY	STATE
1/76	24. FI	JNERAL DIRECTOR			ADORESS	100		TE REC'D. BY REGISTRA	256. REGISTRA	S SIGNATUR	
			tomy I	Board		Balto	o., Md. AL	16 1 5 1986	autra De	adon Pa	Mas

7-11206	1.	FOR STATE	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6	19/63
9 t 4 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		REGISTRAR CEASED NAME FIRST OR PRINT) RUTH	MIDDLE	DICHOLSON	REG. NO.	DAY YEAR 26 HOUR OF P
a 4 mon	758		Brack	5. DATE OF BIRTH MONTH DAY YEAR	- ^	IF UNDER 1 YEAR IFUNDER 24 HRS
35		RTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY BATIMORE	
10 3/		BAITO	Francis Sco	4 Key	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE A Sabled	12b/KIND OF BUSINESS OR INDUSTRY
or 22 de la constante de la co	130. 3	AL RESIDENCE THE NURSING HOME OR OTHE STATE 136 COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE 136. CITY OR TOWN BATTO	YES NO NO	130.STREET ADDRESS / ZIP CODE 5006 Den mor	10-10 9/0/0
and		ATHER'S NAME ABOUT WAS DECEASED EVER IN U.S. ARME		15 MOTHER'S MAIDEN NA Gertrud	ME MIDDLE ADDRESS	Perel
toon and sers. Pages		YES, NO OR UNKNOWN) (IF YES, GIVE W.	AR OR DATES) 577-46	5958 Lorriane		7 14
th certificate b nding physicio corbonpapers. , or removol.		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C	Y: CANCAC	101,1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deo otte otton roun		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	Friet Obstruct	ction	
es that led by please priol, cr , or oth		couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	LATTE CALLERY NOT RELATED TO THE TERM	NINAL DISEASE OF CONDITION ON	ENLIN DADY 1
low require s been sign frmit Then p prior to bu	CATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH (200 AUTOPSY? 20b. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
(SICIAN: The king physicion. certificate has unal-transit per Aental Hygiene ritem 18 shows	A CERTIFIE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c. HOW INJURY OCCUR	YES NO YES	S NO
PH)	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	19 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ON: OP OF SERVICE OF S		22a t certify that (1) (this hospital) sow the deceased alive on abave, (1) (we) (did) (did nat) vi	7/30 19	7 16 3 , 19 86 36 , and that in (my) (our) opinion	death occurred on the date and hou	19
DIRE tochece Dept		22b. SIGNATURE	A	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
TO HOSPITAL TO FUNERAL Should be dert with the State		22d PHYSICIAN'S NAME (TYPE OR PRI	MIN M		or Key me	L.Ctr.
BP		Burial 8		ame of cemetery or crematory ng Mem. Pk.		COUNTY STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		uneral director Wm C. March F/H 1	West 4300°Wa		UG 5 1986 The L	RAR'S SIGNATURE



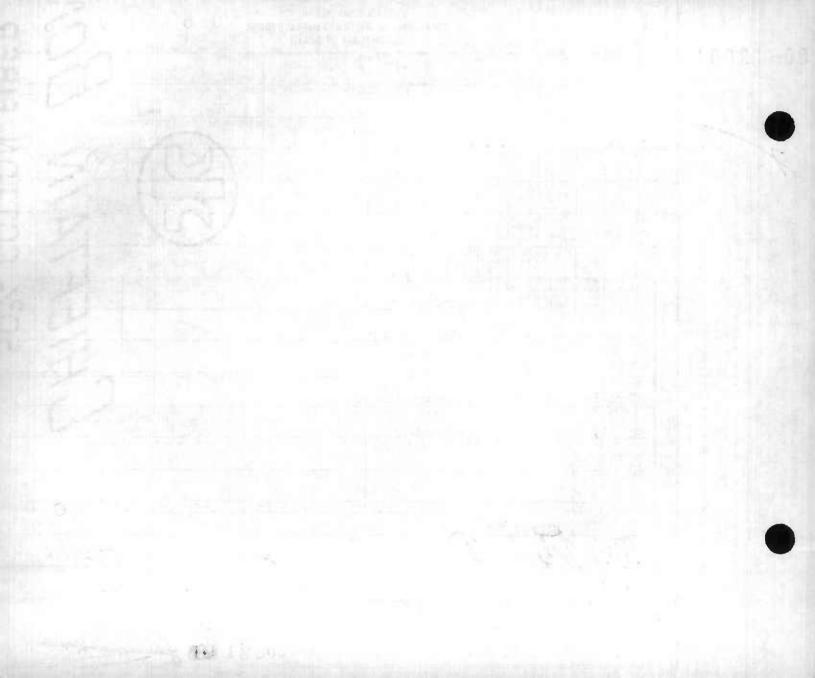
636	1.	FOR STATE REGISTRAR	DE	PARTMENT OF	TE OF MARYLAND HEALTH AND MENT FICATE OF DEAT		8 6 REG. N	0.	1 9	7 6	4
w -		CEASED NAME FIRST OR PRINT)	WIDDLE		LAST	20 C	ATE OF DEATH	-	AY YEAR	26 HOUR	- 0
deat		LOTT			CKLAS .				5 86	7.35	· FM
of . po	3 SE		4 RACE	5. DATE	OF BIRTH TH DAY YE	6. AC	GE (IN YEARS LAST BIR	THDAY)	ONTHS DAYS		MIN.
210		FEMALE	WHITE	1	0 15 2	4	61	YRS			
7 % 2 h	1	RTHPLACE (STATE OR FORFIGN	76 CITIZEN OF WHAT COU	MARRI	ED M NEVER MARRI	ED 🗆 9 BA	ALTIMORE CITY C	R COUNTY	OF DEATH		
		entucky,	U.S.A.	WIDOW			Baltimore				MD.
38	-12	Baltimore	11. NAME OF HOSPITAL, I VIENOT IN SUCH FACILITY, GIN UNIVERSITY OF		11-0-1	(TYPI	USUAL OCCUPATI E OF WORK FOR MOST O BAMSTIESS	F WORKING LIFE	12b. KIND (INDUSTRY	OF BUSINES: Comfy	S OR Mf
306	130	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY O	CE BEFORE ADMISSION OR TOWN	13d. INSIDECITY LIA		TREET ADDRESS				
E		aryland	Balt:	imore	YES NO		219 W. Os	stend S	Street	2123	0
5	14 17	ATHER'S NAME	MIDDLE	AST	15. MOTHER'S MAIL	DEN NAME	MIDDLE		LA	AST	
		Eldon	Star		Rose	e			Bro	own	
medical		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	AL SECURITY NO.	17 INFORMANT		ADDRE	SS			
		NO	311-2	22-4034	Harry W.	Nickla	as 1219 W	. Oste	end St	. 212	30
t, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for to),	(b), and (c)	0.00 (30				BETWEEN	NONSET AND DE	AL
ewe			TE CAUSE (o)	10 Ku Lmoi	vary Arres	1			MIN	VUTRS	
of o			DUE TO, OR AS A CON	NSEQUENCE OF	4				-	1	
tion acr		Conditions, if ony, which	(ANOX	IC BRAI	N DAMAGI	E			24	hours	
if, crema		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CON	NSEQUENCE OF	2 Fibrilla	Tien			. 24	hours	M
Then ple to burio njury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BU	T NOT RELATED TO TH	HE TERMINAL	DISEASE OR CON	DITION GIVE	N IN PART 1	10	
s ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	20	a AUTOPSY?	20b. IF YES,	WERE FINDS	INGS USED S OF DEATH	?
Show	TE .						S NOW	YES		NO 🗌	
T 80		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c. HOW INJURY	OCCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT OR PART 2)		
tem tem	SAL	(IF EITHER NOTIFY MEDICAL EXAMINE	AUT -	19							
ked or h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE ALWORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC 1	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STA	TE
mo mo		220 1 certify that (I) (this hasp	ital) attended the deceased		19.	86 ,1	o July 25	1	9 Kla	, that (I) {we	e) lost
of Horu		saw the deceased alive on	July 25	19 8C	and that in (my) (our)	opinion death	occurred on the de	ote and hour	ond from the		
tem tem		211 SIGNATURE	or view the body offer death.		DEGREE				22c DATE	ESIGNED	
0 E		1 Javiela. ~	legeron	y Mil	ATTENE	DING ME	DICAL STAL	FF CIANI	7	125 100	
Sto A	1	22d. PHYSICIAN'S NAME (TYPE C			220. ADDRESS	CIAIN LE DIK	ECTOR E PHISIC	TAIN	1.//	/25/86	
IMPORTANT:		DAVID A. ME	YERSON, M.I	٥.	Vot MO HOSPI	TAI 22	-So. Green	e ST.	Brt.	MD. 2	112
n > ≤	23a E	SPECIFY)	23b. DATE	23c. NAME OF	CEMETERY OR CREMA	ATORY 23	d LOCATION		COUNTY	SIA	
		Burial	7/29/86	Glen Ha	aven M. P.		len Burn	ie A.		arviani	-
OM 7/84	24 Ft	INERAL DIRECTOR				25a. DATE	D BENEFITS	DE REGISTR	AR'S SIGNA	TURE	23
5 60M 7/84 15, 4)		ubbard Funeral		DRESS	21227	(30)	20-100	J. J. S. S. K.	AK 3 SIONA	TORE	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

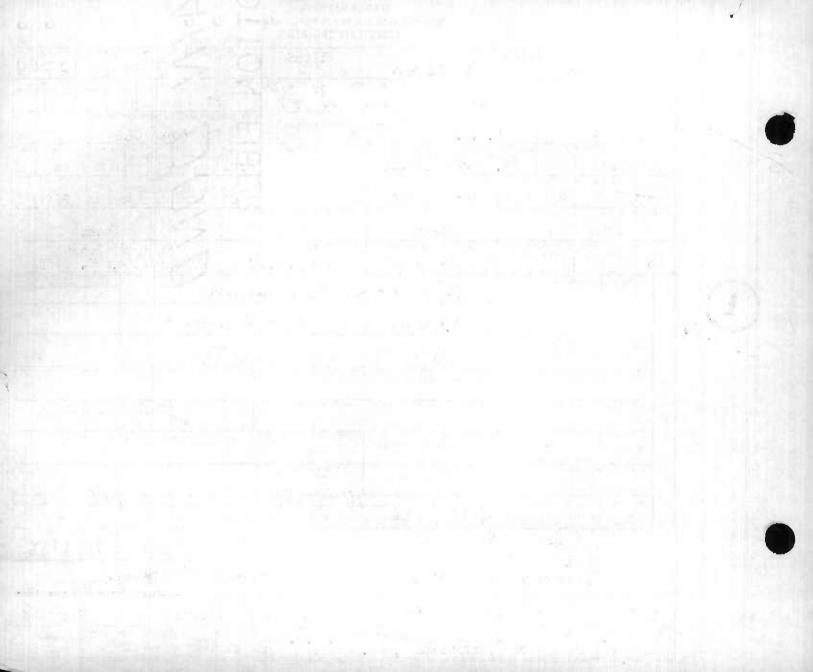
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REG. NO.	-1			1	

1	FOR STATE REGISTRAR			EALTH AND MENTAL HYGI	IENE O O	. 19	165					
	DECEASED NAME FIRST	MIDDLE	į	AST	20. DATE OF DEATH		R 25 HOUR					
(1)	YPE OR PRINT) Henry	August Nicko	ols		July 18,	1986	AA					
3.5	SEX	4 RACE	5. DATE C		6. AGE IN YEARS LAST BE	THDAY) IF UNDER 1 Y						
L	Male	White		/29/10 YEAR	76	YRS MONTHS DA						
770	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8	XNEVER MARRIED	THE PARTY OF THE P	OR COUNTY OF DEATH	1					
	Maryland	U.S.A.	WIDOWE	D DIVORCED	Balti	more City	MD.					
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		PROTHER INSTITUTION	120 USUAL OCCUPAT		ID OF BUSINESS OR					
	Baltimore	3009 Ch	nestnut Ave	enue 21211	Sanitatio		lto. City					
A 130	UAL RESIDENCE (IF NURSING HOME 0. STATE 136 COL	JNTY 13c CITY	OR TOWN	13d INSIDE CITY LIMITS?	3009 Ches	zip code tnut Avenue	21211					
4 14	FATHER'S NAME			15 MOTHER'S MAIDEN NAM	AE							
N	John Nickol	WIDDLE	LAST	Caroline	(Carrie)	Hurtt	LAST					
160	WAS DECEASED EVER IN U.S. A		TAL SECURITY NO.	17 INFORMANT	ADDRI	SS						
	(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES) 2.14	14 1775	Anna Nick	cols	same						
F	18 CAUSE OF DEATH (Enter					APP	PROXIMATE INTERVAL					
	PART I. DEATH WAS CAUS	ED RV.	piratory F	ailure		52.144	EN ONSET RISP DERIV					
	IMMEDI											
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (ib) Lung Cancer											
	gave rise to immediate											
	cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF											
	PART 2 OTHER SIGNIFICANT	DITION CIVEN IN PAR	T lie									
Z		ructive Pulmo			INAL DISEASE OR COIN	DITION GIVEN IN PAR	i iiu					
PICATION	190 DATE OF OPERATION		R WHICH OPERATIO		20g AUTOPSY?	206. IF YES, WERE FIN	NDINGS USED					
48	May 15 1006					IN CERTIFYING CAU	SES OF DEATH?					
GRI	May 15, 1986	216. TIME OF INJURY	hoscopy	21c HOW INJURY OCCURR	YES NO X	YES	NO [
1 3	OR CONTRIBUTING CAUSE OF D		NTH DAY YEAR	The troop of the cooking	CO (EINTER INATIONE OF BOJO	AT BATTEM TO PART TO CAPART	41					
EDICA	214 INJURY OCCURRED	P.M.	19	211 LOCATION								
MEG	WHILE NOT WHILE D	(AT HOME STREET, FACTOR		STREET	CITY OR TO	WN COUNTY	STATE					
	220.1 certify that (1) (this has	pital) attended the decease	ed from May	12 . 19 8	6. to July	18 19 86	that (i) (we) last					
	saw the deceased alive of	no July 7	19 <u>86</u> , or	d that in (my) (our) opinian d	leath accurred an the d	ate and haur and fram	the causes stated					
	226. 59 MURE Poll	110 Du 16)		DEGREE ATTENDING	MEDICAL STA		ATE SIGNED					
H	22d. PHYSICIAN'S NAME (114)	OR PRINTI		PHYSICIAN 272 ADDRESS	DIRECTOR PHYSIC	IAN []	21/0 2					
	Dr.Allen Frie				400 711 W.	40th Stree	t 21211					
23a	BURIAL, CREMATION, REMOVA	L 236 DATE	231 NAME OF C	EMETERY OR CREMATORY	23d LOCATION							
	Burial	7/21/86	Baltimo	re Cemetery	Baltimon	ce, Marylan	STATE					
24	FUNERAL DIRECTOR			75a DATE	REC'D BY REGISTRAR	25h REGISTRAR'S SIGN	NATURE					
	Burgee-Henss Fu	meral Home 3	631° Falls	Rd 21211 JUI	21 188	Julia Davidson	Market					



Letous M. & Russell C. Witzke Funeral Homes P. A 250. Date REC'D. By REGISTRAR'S SIGNATURE, 1630 Edmondson Avenue, Catonsville, MD. 21228 AUG 5 1986

STATE OF MARYLAND

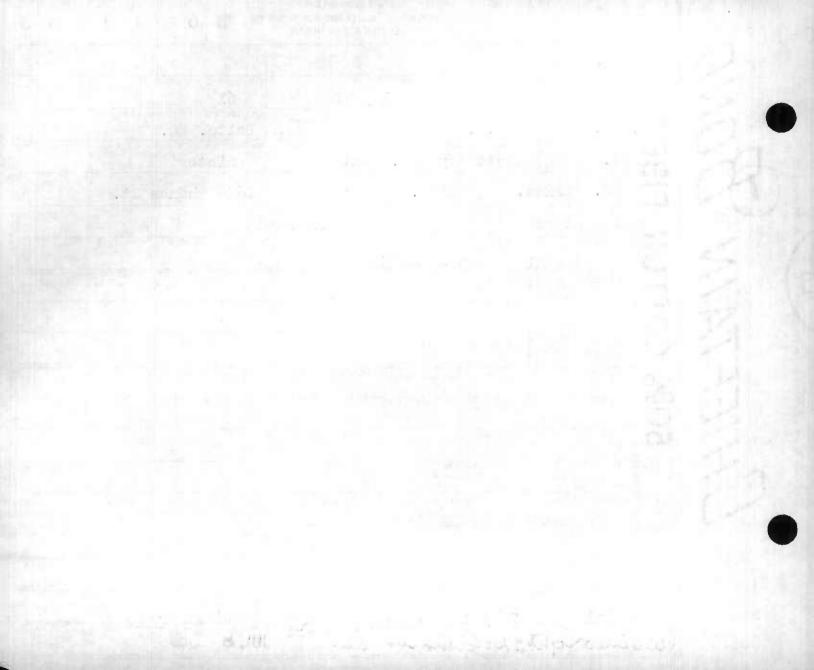


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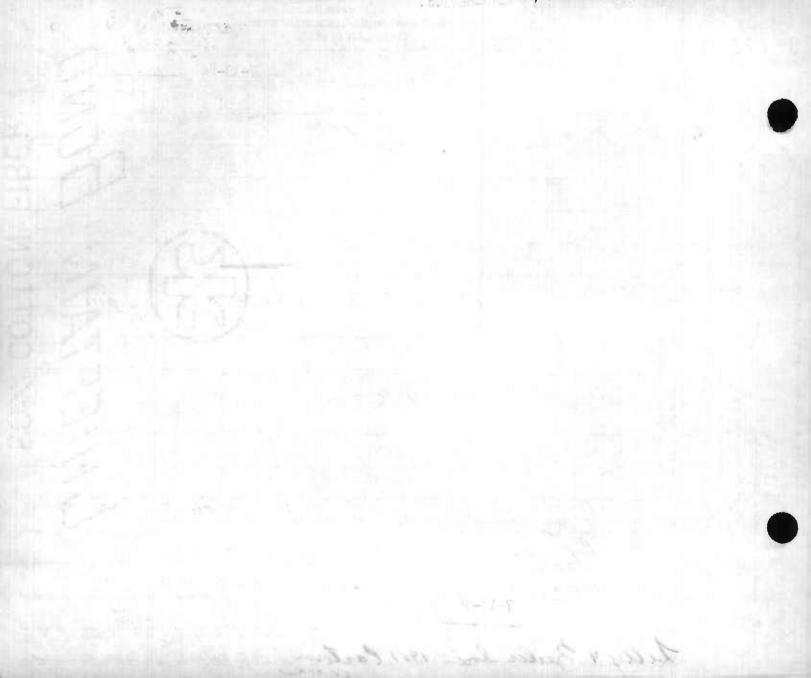
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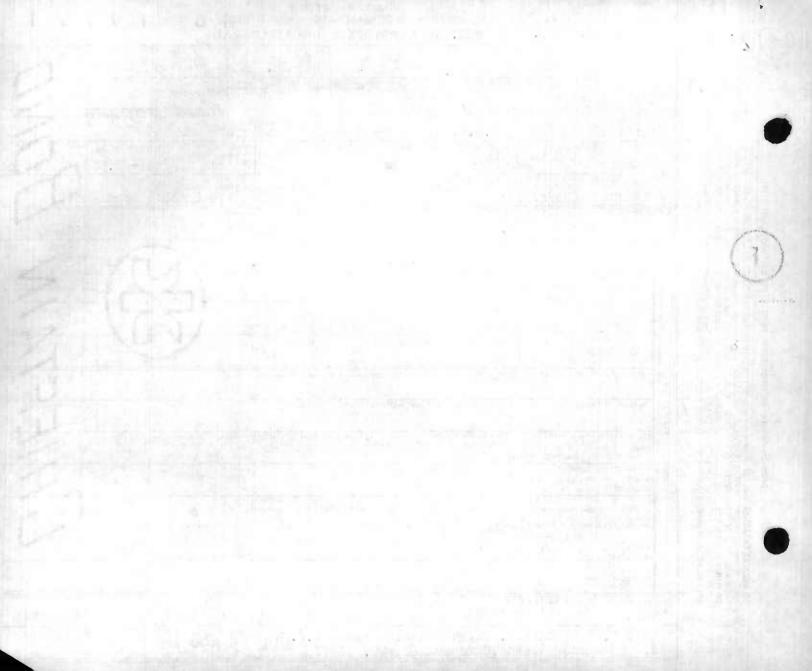
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	2525E	3 SE	Stefa	VIV	Niziolek E (IN YEARS) IF UNDER 1 YR. I IF UND	DER 24 HRS 2c. DATE	7/ 30/19 86 N
	55.5	3 31.	A NACE	MONTH DAY YEAR LAS	BIRTHDAY) MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	13:35
	33 35	70.8	RTHPLACE (STATE OR	7b. CITIZEN OF WHAT COUNTRY?	y YRS.	9 BALTIMORE CITY	7/ 30/ 19 86 PM
0,	SE S	M	ARYLAND	USA		RRIED Baltimo:	re City, MD
134	お高品田三	10 C	ITY OR FOWN OF BEATH	11. NAME OF HOSPITAL, NURSING	ODRESS)	120 USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE)	PE OF WORK 125 KIND OF BUSINESS OR INDUSTRY
10	NO WIN	No.	Baltimore	Church-Home Ho		FIRE FIGHT	ER BALTO,
11201	ANN THE PROPERTY OF THE PROPER	13a S	TATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 130, CITY OR TO		130 STREET ADDRESS	WADA AVE
9	# NOW -	14. F.	ATHER'S NAME	MIDDLE	15. MOTHER'S MA	IDEN NAME	WOOD ITEL
NE.	22935	1	DAN	N12101	EK VIET	ORIA	NOVAK
IMO	HADEN I		WAS DECEASED EVER IN U.S. AR		ECURITY NO. 17. INFORMANT	ADDRES	SHORN
MLT	A PARA NATIONAL NATIO	1	ES WV	17- 315-14	-4073 HELEN	NIZIOLEK L	INWOOD AVE
- 1	E W. W.		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly ane couse per line far (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST	24 HO ITEM 1 ICONG PERM GIENE			TE CAUSE (0) Arterio	osclerotic Cardio	vascular Diseas	<u>e</u>
REST	HIN SER AL NIST		Canditions, if ony, which	DUE TO, OR AS A CONSEQU	ENCE OF		
> q	TED WITH N PENCIL XAMINER AL - TRAN MENTAL N, OR RE		gave rise to immediate couse (a) stating the under-	(b)	ENCLOS		
201 W.	EXAMINATE ON OF TON OF		lying couse last.	(c)	ENCE OF		
RECORDS,	AABAAA		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN	(PART 1 is	
ECO		CERTIFICATION	19a. DATE OF OPERATION	IN CONDITION FOR WAILE	H OPERATION WAS PERFORMED?		
Z	るの主のと言	FIG	THE DATE OF OFERALION	178, CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
FV	WOON THE CHANGE	ERT	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM)	YES X NO
DIVISION OF VITAL	CERTIFICATE SH TING THE WOR DED TO THE CI- E 3 SHOULD BE I DEPARTMENT		UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY	YEAR		
/ISIC	ERTIFIC ING TH ED TO 3 SHOU PRIOR	MEDICAL	214 INILIPY OCCUPPED	21e PLACE OF INJURY (AT	HOME, 21f. LOCATION		
ā	WRIT WARD PAGE TATE D	\$	WHILE NOT WHILE TAT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	W ~			e of the remain described above, he	Id un Autopsy X, Inspec	tion . Inquiry . c	and in my apinian
	EXAMNER CERTIFICAT OULD BE FOR DIRECTOR! (, WITH THE MARYLAND		death resulted from: Natur	N ISA	Suicide , Hamicide	Undetermined manner	
	EXA JIED JIED WIT	15	ACTUAL	V5/1	TITLE (SPECIFY)		
	A H A H A H	1	SIGNATURE	10/	M.D. Assista	INT MEDICAL EXAMINER	DATE 5/31/86
	TO MEDICAL EXAMINE EXECUTE THE CERTIF PAGE 4 SHOULD BE PAGE 4 SHOULD BE AFTER DERECTH, WITH BALTIMORE, MARYL		EXAMINER'S NAME	NOW D. Wante	M D	111 Day Ct	
	EXEC EXEC PAGE AFTE BALTE	23a. B			M.D. ADDRESS OF CEMETERY OF CREMATORY	111 Penn St.	
07/84	BP	13	URIAL	8/4/86 1901	Y ROSARY	DUNDAL	K COUNTY MID
25M	DHMH - 17	24. F	UNERAL DIRECTOR	ADDRESS	015 16.0A	UG BYREG 846 255 REC	SISTRAR'S SIGNATULE TO SEE
	(VR A15 ME (5))	170	THIN WABER	FONSING CH	ESTER ST	0	*

The term's med by My WE S. ONETANO FIRE FIGHTER BACK MP HOSTE HOSTE HOSTEN WARD AVE SOUN METOLES A CLOUD MANA XEZ MANDE STR. HOLE HETEN MISTOREK CHANDED BIRIAT ELATER ANTA KENNEL DINOWNK - ME THE STEED STATE OF THE STEEL OF WHITE STEEL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE STATE REGISTRAR BERNARD J. NOLANMEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) Bernard JR. Nolan DEATH MATED 10 86 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED White. Male August 8,1909 DEAD 19 86 76 BIRTHPI ACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland U.S.A. Baltimore City, WIDOWED DIVORCED CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION TYPE OF WORK IN NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS Baltimore University Hospital Police Officer-MD. State Police 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 29 Lambeth Road Maryland Baltimore Catonsville 21228 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Nolan Bernard O'Connell Margaret 16h SOCIAL SECURITY NO 7 INFORMANT ADDRESS 217-24-8750 Lillian C. Nolan Same as # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY Gunshot Wound to Head IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? HEAD ONLY 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING DOR HOUR XXX. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 5: 47 P.M. 7/ 9/ 19 86 self inflicted wound THE PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM FTC 1 WHILE AT WORK 329 Tambeth Rd. home Catonsville 220 I certify that I took charge at me remains describer Care, ON Long Autopsy X Suicide V death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 7/10/86 SIGNATURE - Assistant MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY Burial Baltimore Maryland New Cathedral Cemetery 7/12/86 07/B4 Lettoy M. Russell C. Witzke Funeral Homes P. A. DIE 1 4 1986 250 REGISTRAR'S SIGNATURE 1630 Edmondson Avenue, Catonsville, MD. 21228 **DHMH - 17** (VR A15 ME (5))



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00-	13997	- STATE REGISTRAR			DICAL EXAM			F DEATH	REG. NO.		1.20	\$ h g
		I. DECEASED NA	AE FIRST		WIDDLE		LAST	20. DAT	KNOWN TX	MONTH I	DAY YEAR	2h HOUR
	28 S S E	(TYPE OR PRINT)	Ronal	d	E.	N	orris	OF	H MATED		23/19 8	6
	FILE	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (H	YEARS IF UN	DER 1 YR. IF UNDER		10	MONTH	DAY YEAR	731
	IS NECESSARY, PLEASE E FUNERAL DIRECTOR E S FOR YOUR FILES. DD. WITHIN 72 HOURS I W. PRESTON STREET,	Male	White	3 - 18	-45 41	YRS. MONTH	DAYS HOURS	MIN PRONO	AD		23/19 8	以乙。分フ
	ERAL PRESI	7a BIRTHPLACE FOREIGN COUNTRY		76 CITIZEN OF W		8 MARRI	ED X NEVER MARR	ED 9 BALT	IMORE CITY OR	COUNTY	OF DEATH	
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	N S S S S S S S S S S S S S S S S S S S		F LIF IN NURSING HOME	OR OTHER INSTITUTION G	Eastern Av	ISSION)		Mecha		Re.	rige	raton
2120	39888	Md.	A.		Brookly		13d INSIDE CITY LIMITS? YES \(\square\) NO \(\square\)	454 Se	ward A	ve	(2122	25)
WD.	E BERN	FATHER'S NAM	AE .	MIDDLE	LAST		15. MOTHER'S MAIDE		MIDDLE		LAST	
ar mi	ANT TO	Ber	nard	Α.	Norri	S	Kath	ryn	E.		Keil	
BALTIMORE, MD.	STAR STAR	I 60 WAS DECEAS		E WAR OR DATES)	16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS	Balto	. 21	226
MALT	A SEE ON THE SEE OF TH	Yes	Vie	t Nam	214 44	13733	GORDON	. NORR	IS 811:	L Hig	gh Pt	. Rd.
	NE WILL				for (a), (b), and (c).)				4.77	1	APPROXIMA BETWEEN ONS	SET AND DE ATH
N S	24 HOUR ITEM 1B. LONG W PERMIT. GIENE, D	7810	IMMEDIA	TE CAUSE (a) Art			Cardiov	ascular	diseas	se		V I
W. PRESTON ST.	IN 2 IN 1 IN 1 IN 1 IN 1 IN 1 IN 1 IN 1 IN 1	Candit	ans, if any, which		AS A CONSEQUEN	CE OF				-		
<u>a</u> .	RAN REE	gave	rise to immediate	(b)				/				11-5-5-1
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5, 2	N N N N N N N N N N N N N N N N N N N	PART 2 OTHER	SICHIGIFANT CONDITIONS	(c)	BUT NOT BELLYED TO THE	Zakiliya Birrara	DR CONDITION GIVEN IN PA					
ORG	DOC DING		STORIE CONDITIONS	CONTRIBUTION TO DEATH	BOT NOT KELATED TO THE I	ERMINAL DISEASE	OR CONDITION GIVEN IN PA	KI I (a).				
REC	L CA A PEN	190. DATE C	OF OPERATION	19h CONDI	TION FOR WHICH O	PERATION W	AS PERFORMED?	-			20 AUTOPSY	Y2
TAL	PINE NO.	FIC								578	YES XX	
7	WO HE SELLE	21a. EXTERN	IAL CAUSE WAS	21b. TIME O		21c HC	OW INJURY OCCURRE	D TENTER NATURE OF	INJURY IN ITEM 18 PAI	RT FOR PART 2		
DIVISION OF VITAL RECORDS,	SET AND THE ONLY THE		IG XX OR TING CAUSE OF	DEATH 2; 3ph	P 7/23 19	00	unit whe	n he co	llapse on air	d & s	NAS. O	
N N N	3 SF	214 INJURY	OCCURRED	21e PLACE	OF INJURY (AT HOME TORY, FARM, ETC.)		CATION	CITY OR	10ws	COUNT		STATE
٥	NER: THIS CERTIFICATE SHOULD IS CATE, WRITING THE WORD, "PER FORWARDED TO THE CHIEF MINES THE STATE DEPARTMENT OF HEATHERS THE STATE DEPARTMENT OF HEATHERS TO PRIOR TO BURIAL, CIND. 21201 PRIOR TO BURIAL, CIND.	AT WORK	NOT WHILE	thea				rn Ave.				SIAIE
	THEST THEST	22a. I ces	tify that I took char	ge of the remains de	scribed abave, held a	n Autop	sy 🗓 , Inspectio	n 🔲 . Inqui	ry . and	in my apini	an	
		death resu	Ited fram: Natu	ural causes	Accident XX,	Suicide	, Hamicide .	Undetermined	manner .			
	CERTIFICATION OULD BE L DIRECTORY	ACTUAL		X	VI		TITLE (SPECIFY)			DATE	125	100
	RE'ANTE	SIGNATUR		10	1	M	D Assistant	MEDICALEX	AMINER	DATE SIGNED_	7/24	1/86
	UNE SEDE	EXAMINER'	S NAME	COCONT D	Valetman	MD		11 Dans	C4-			
	TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUI TO FUNERAL D. AFTER DEATH, BALIMORE, M.	TYPE OR PI	ATION, REMOVAL		Kauffman,		ADDRESS	11 Penn				
	000	(SPECIFY)	rial	7/26/86			ns Cem	CITY OR TOWN		COUNTY		STATE
07/B4 25M	BP 20	24. FUNERAL DIRI			21225	etera		REC'D. BY REGIST	SVILLE RAR 256 REGIST	RAR'S SIGI	cylan NĂTURE	<u>a</u>
	DHMH - 17 (VR A15 ME (5))	George		e 4001 R	itchie H	ewv	.111	131 0	delia.	Savida	~ Mande	ME H

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1		FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	9174			
1	1050	Shel	lv. Annett	M	NUCKELS (S	20 DATE OF DEATH MONTH	PAY YEAR 26 HOUR			
1	3. SE)	Thole	1 RACE Cevilo	7	OF BIRTH	Zul YRS	IF UNDER 1 YEAR IF UNDER 24 HRS.			
2	16	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT C	MARRIE		9 BALTIMORE CITY OR COUNTY BALT	MD.			
?	B	IN OR TOWN OF DEATH	niversity	Hospital	OR OTHER INSTITUTION	THER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Technician Educa-				
5	13a. S	state libe		Y OR TOWN 165 town	13d INSIDE CITY LIMITS? YES MO 🗌	13. STREET ADDRESS / ZIP CODE 16 S. Antietam	St. 21734			
1		Robert	MDDLE R.	Hurd	15 MOTHER'S MAIDEN NA/ FIRST Joan	X.	Hayes			
2		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN)	S GIVE WAR OR DATEST	-72-8757	Randall G. N	address uckels, Funkstown				
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A (Trace of Pupting	of Cerebral		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ZULL JULY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
2	CERTIFICATION	PART 2 OTHER SIGNIFICA	196 CONDITION FO	OR WHICH OPERATION	N WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?			
ì		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CITHER NOTIFY MEDICAL EXAM	21b. TIME OF INJUR HOUR A.M. MO		216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	RT I OR PART 2)			
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU	ORY, OFFICE FARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE			
		sow the deceosed oliv obove, (1) (we) (did) (di 22b. SIGNATURE	d not view the body ofter de	19 <u>.86</u> . ai	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFE	19 Alexandria the couses stoted 22c. DATE SIGNED			
-	3	Melverte	FILLS	Les	22e. ADDRESS	ity of many	lend 1 gottap			
	23a. B	BURIAL, CREMATION, REMO	VAL 236. DATE July 1.5, 198	Rest Ha	emetery or crematory aven Cemetery	Hagerstown, Wa	sdayny Md. STATE			

Davis Funeral Home, Smithsburg, Md., 21783

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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1.	FOR STATE REGISTRAR		DEPART		EALTH AND M		IENE 8 RECONO	1	0	7 9
	OR PRINT)	FIRST DIF	MIDDLE	NU	SRAUM		20 DATE OF DEATH MONTH		986	26 HOUR 2
3. SE		4 RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS
	PEMALE		ITE	MA		907		(RS	DAYS	HOURS MIN.
	MARY LAND	76 CITIZEN OF	SA.	MARRIE WIDOWE	D NEVER MA	ARRIED D	BALTIMORE CITY OR COL		ATH 174	MD.
10. Ç	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTIT	UTION	12a USUAL OCCUPATION	ING LIFE) INC	KIND OF	F BUSINESS OR
Br		TY SINA	1 HOSPIT		= BALTIA	MORE	HOUSEWIFE		AT H	OME
130.	AL RESIDENCE (IF NURSING STATE	SHOME OR OTHER INSTITUTION BLOOMTY BALTIMORE	131. CITY OR TOW BALTO.		13d INSIDE CIT	Y LIMITS?	13. STREET ADDRESS / ZH	MAI	RCIE	DR. 212
(4) FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S	MAIDEN NAM	AE MIDDLE	/	LAST	
	NATHAN		MILI	LER	ES'	THER	Mode			BERG
	WAS DECEASED EVER IN	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	1212C152EC1	1513 2° XXXXX	17 INFORMAN		BAUM 8305 MARC	CIE DR	. 21	208
	8 CAUSE OF DEATH	Enter only one couse pe S CAUSED BY	r line for (a), (b), an	dic					APPROXIMETWEEN O	MATE INTERVAL
		AMEDIATE CAUSE (0)	CARD	IAC	ARR	EST			10	minute
	Conditions, if any, a gove rise to imme cause (a), stating underlying cause	which diate the lost.	R AS A CONSEQUI	ENCE OF	NOT BE TAKE					
CERTIFICATION	PROBABLE 190 DATE OF OPERATION	BOWEL	INFARC	TION	207	0 150			OL 17	ATION IGS USED
	210 ACCIDENT WAS UNDER OR CONTRIBUTING CAR (IF EITHER NOTIFY MEDICAL	JSE OF DEATH HOUR A	OF INJURY .M. MONTH D. .M.	AY YEAR	21c. HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR	PART 2)	
MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION	1	CITY OR TOWN	co	YIMU	STATE
	22a. I certify that (I) (the saw the deceased	his hospital) attended the	19_	, or		. 19 our) opinion o	to death occurred on the date on			that (I) (we) lost couses stated
	226. SIGNATURE AGUADA 226 PHYSICIAN'S NAN	Li Sham	liha:		DE GREE AT PH 1220 ADDRESS	TENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		7/2	1/86
	HANA	DI SHA	MICHAN		SWAL		PITAL OF BA	LTIMO	re	p.
100	BURIAL, CREMATION, RE BURIAL	7/23	/86 B	FTH T	EMETERY OR CR	EM	23d LOCATION CITY OR TOWN BALTO	COUN		MD STATE
MI	UNLEVERSON X 010 REISTER	STOWN DD	BROS IN	C.		250. DATE	REC'D. BY REGISTRAR 256. RE	GISTRAR'S	SIGNATU	JRE
0	OIO KEISIEK	STOWN RD. D	ALIU, FID 2	1772		000	MAN 11		-6/8	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR		DEPART	MENT OF H	19	7	7 7					
	CEASED NAME FIRST		MIDDLE	ı	AST	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR .						
	George	Will	iam Nut	797		07-18-86 9:27pm						
3 SE	х	4 RACE		S. DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS D	EAR IF UNE	DER 24 FIRS		
1	Male	Cauca	sion	10-			72 YRS					
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	DE NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH						
	Maryland	U.	S.	WIDOWE	DIVORCED	Baltim		MD.				
	ITY OR TOWN OF DEATH		HOSPITAL, NURSII CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
	ltomore		gnes Ho	spita	1	retired Gas & Elec.						
13a S	MD Bal	to.	GIVE RESIDENCE BEFOR 134 CITY OR TOV Catonsv	VN	13d. INSIDE CITY LIMITS? YES NOX	13e.STREET ADDI	RESS / ZIP CO		r. 2	1228		
0	George	W.	Nutzel		Lillian		DDLE	Jung	LAST	3 113		
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	3-4	ADDRESS					
	Yes WW		212052	995	Mrs. Ruth N	Nutzel - Same as #13						
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	(c)_	OR AS A CONSEQU	len	- Cades. - Hert NOT RELATED TO THE TERM			GIVEN IN PAR	Tito			
CERTIFICATION	190 DATE OF OPERATION	19b COND	PITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FIND IN CERTIFYING CAUSE						
RTI	71a_ ACCIDENT WAS UNDERLYING	7 21b. TIME C	OF INTURY		Tall HOW BLUIDY CONTRA	YES NO		YES	NO			
	OR CONTRIBUTING CAUSE OF DE	110110	.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	CED (ENTER NATURE	OF INJURY IN ITEM	18 PART I OR PAR	[2)			
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		.M. OF INJURY	19	21f LOCATION							
ME	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CIT	Y OR TOWN	COUNTY		STATE		
	220. I certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did in 22b SIGNATURE	of view the body	19		nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL DIRECTOR P	STAFF					
	BENNE	THU.	11/180	S	5/-	Agn	10	Hon	2.	- 4		
23a E	BURIAL, CREMATION, REMOVA (SPECIFY) Removal	236. DATE 7-19		NAME OF C	EMETERY OR CREMATORY	234 COCATION		County		STATE		

DHMH - 16 60M 7/84 (VRA 15, 4)

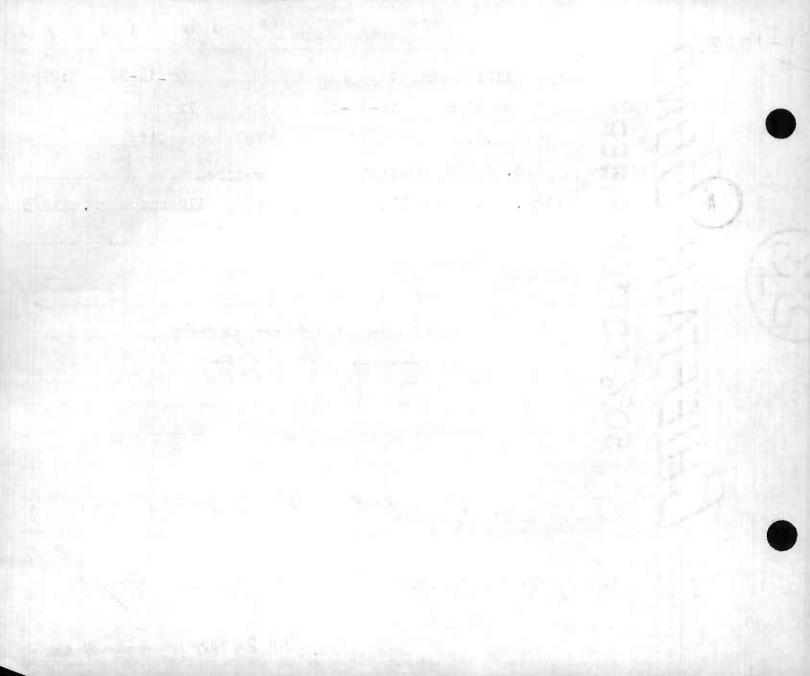
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Anatomy Board

24 FUNERAL DIRECTOR

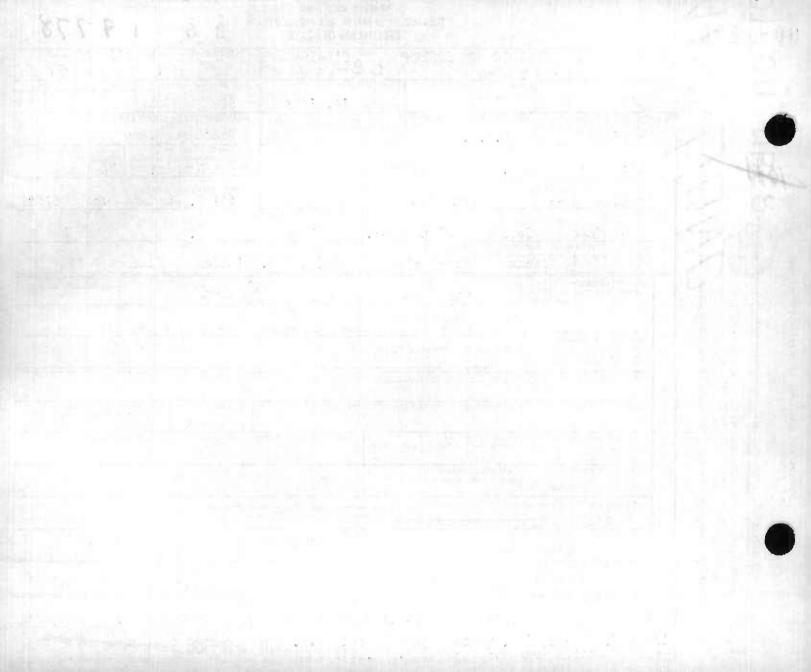
Balto., Md.

JUL 24 1986 Jule Suidon Ronder



00-	12	808	1	FOR - STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH									
	1 7	E 0		1. DECEASED NAME PRIST DOMINIC MIDDLE JOSEPH CAST O'BRIEN 20. DATE OF DEATH MONITY DATS VEARE 26. HOUR OF IS 86 018									- /		
	de de	/	3. S	EX	4	RACE	5. DATE C			6 AGE (IN YEARS)	AST BIRTHDAY)	IF UNDER 1 YE		24 HRS	
	96.4	5	1	Male		White		June	14,	1934	52	MONTHS! DA	AONTHS DAYS HOURS MIN.		
-	g - i	51	7a l	BIRTHPLACE (STATE OF FOREIGN		76 CITIZEN OF WHAT COUNTRY?		8 MADDIE	MARRIED X NEVER MARRIED		9 BALTIMORE C	ITY OR COUN	TY OF DEATH		
•	Seoth	3	1	Maryland		U.S.A.		WIDOWE		NORCED					
-	111	111	10 (O CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A		NG HOME (R OTHER INS	NOITUTION	128 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
2/10	4	40	1	Baltimore		St. Agnes Hospita					Paper Handler Newspaper				
Ale	# E	2		Maryland 13b COUNTY 13b COUNTY		or Other institution give residence before a INTY 134 CITY OR TOWN Baltimore		NN	N 1134 INSIDE CITY LIMITS?		13e.STREET ADDI	RESS / ZIP CO	DE		
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RYL	N	1	14. E	ATHER'S NAME	M	MIDDLE LAST			15. MOTHER	'S MAIDEN NA	WE			LAST	
# /		52	1	Dominic	Joseph			en Sr.		Mary	M	•	M	Murphy	
986		Blee	160	(YES NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	16b SOCIAL SEC		17 INFORMANT		ADDRESS			. # 12	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON SI	v requires that the de-	int. Then please removerior to burial, cremotially injury, or other trou	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED											
IL RE	on. hos k	ene p	1 H								YES NO	IN CER	TIFYING CAU	SES OF DEATH	H?
OF VITA	CIAN: T physici prtificote	ol-trons tol Hyg em 18 sh		21a. ACCIDENT WAS UNDER	AUSE OF DEAT	11	M. MONTH [DAY YEAR	21c HOW II	VJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM I	B PART I OR PART	2)	
VISION	G PHYSI attending ter this ce	ond Mer	MEDICAL	21d. INJURY OCCURRI	D	21e. PLACE			211 LOCAT	ION	CIT	YORTOWN	COUNTY	ST	TATE
۵	OF A	a e olt		220.1 certify that (I) (al) attended th	e deceased from				, to		., 19	, that (1) (w	ve) last
	prital	of H of H 21 is		saw the deceased alive an											
	ALOR A the hos	detoched ote Dept. IT: If Item		226 SIGNATURE REDICAL STAFF ATTENDING MEDICAL STAFF FISSES 226. DATE SIGNED 7/5/86									, lil		
	O HOSPIT stoined by	with the Sto			INTI		MESH		900	Caton	agues Hi ave, Bo	Ituno	11.	2/22	9
	T	~ > > 1	230.	BURIAL, CREMATION, R	EMOVAL	236. DATE				CREMATORY	23d. LOCATION	WN	COUNTY		ATE
	BP		L	Burial		7/18/		rrisov	Fores	t Vete	rans Ou	rings Mi	lls	Marya	lnd
	OHMH - 16 (VRA	60M 7/B4	124 1	ELOUMEN & R	ussel on Au	e C. Wi	tzke Tun	eral t	lomes T	.A	L 1.8 198	6 Julia	STRAR'S SIGN	ATURE	=

OF SEADING



Most Holy Redeemer

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

(SPECIFY)

Burial

24. FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore, Maryland

07/19/1986

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Baltimore City, Maryland

A CONTRACTOR e e e XX 2863 Yayriold Aronus 21213 2011 Trees a rive Page 1. all Mileste vity, M. 210-2 17,1580 .uti = 10 i 12 .uti = 12 .uti = 130 181 (x

LEGGRA .. TIC. BILL DEU, Bry PRI

FOR

BP

DHMH - 16 60M 7/84

(VRA 15, 4)

LAST timore, MD Ramsey St PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated 77c DATE SIGNED 07/08/86 Cremation Security Process, Inc. Catonsville Baltimore MD 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Hubbard Funeral Home, Inc.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

126. KIND OF BUSINESS OR

Produce Sales

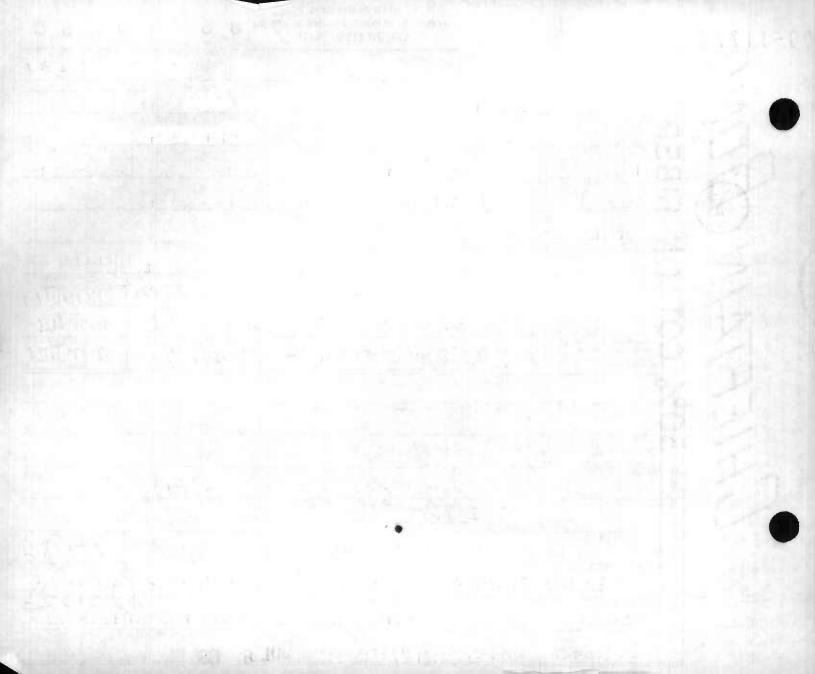
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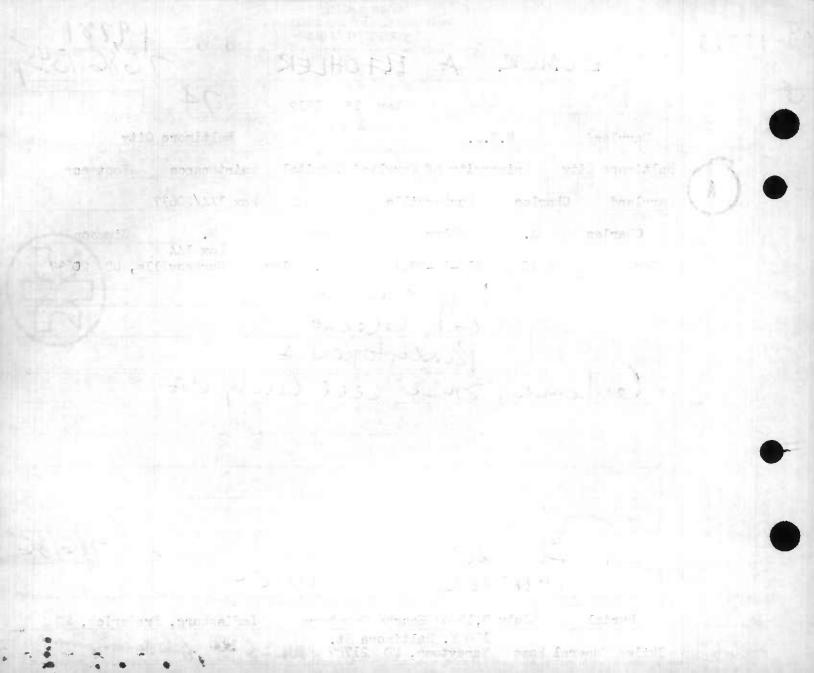
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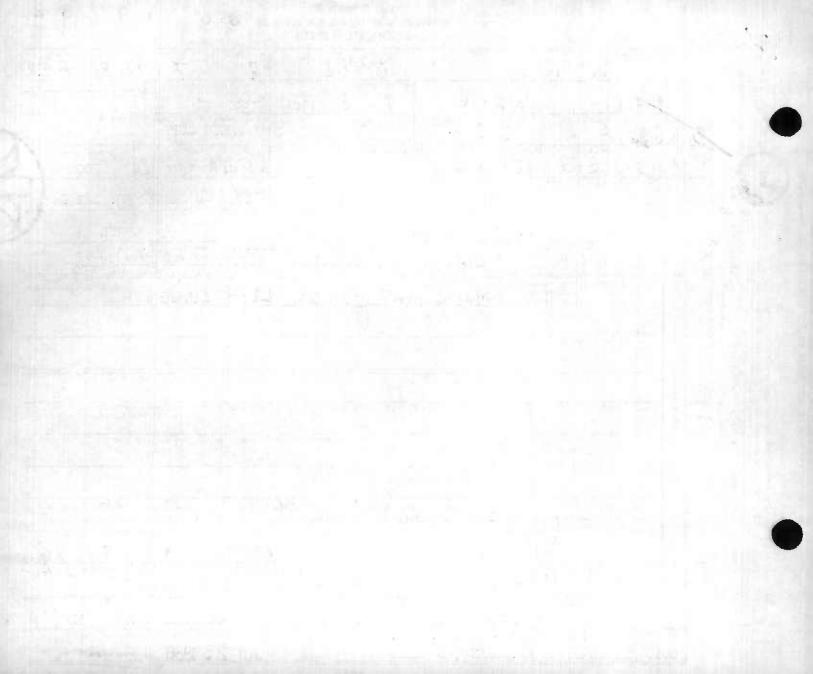
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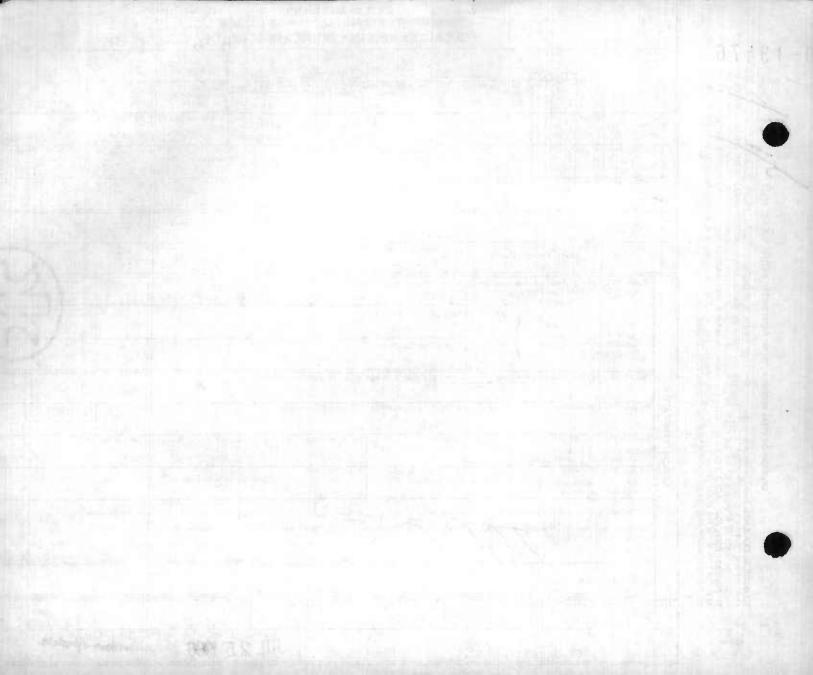
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	10 C	ALTIMORE	NAME OF HOSPITAL, NURSING H	555)	120 USUAL OCCUPATION OF WORK FOR MOST OF	
hin see	130	AL RESIDENCE (IF NURSING HOME OR OF OF THE MINISTRATE MANAGEMENT)		13d. INSIDE CITY LIMITS? YES NO 1		ENNER DR. 21209
omplete		HYMAN	J. OPPEL	MARY	WIDDLE	OPPEL (AST
be execution and construction and constr		WAS DECEASED EVER IN U.S. ARMI YES, NO DRUNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SECURITY VAR OR DATES) 218-32-19		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	K DR. 21209 XXXXXXXXXXXX
p physicia an paper: emaval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one couse per line lar (a), (b), and (c) BY: CAUSE (a) MALIGAUA	WI FUMOR	LEFF LUN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
is that the death or deby the attending the strengton cortains, are or any or other traumatic.		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE (c)	: OF		
on. hos been signe permit. Then permit Then permit about to but the prior to but to but the b	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPE		200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
G PHYSICIAN: The law requirentiate physician. For this certificate has been signed by the buriol-transit permit. The and Mental Hygiene prior to ked or hem 18 shaws any injury	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21c. PLACE OF INJURY [AT HOME. STREET, FACTORY, OFFICE, FARM.	19 211 LOCATION		IN ITEM 18 PART I ORPART 2)
TENDING pital or o TTOR: Afri far use as af Health		WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (I) (this haspital saw the deceased alivefon above, (I) (we) (did) (did not) 22b. SIGNATURE		, and that in (my) (aur) opinion .	death accurred on the dat	e and hour and from the causes stated
HOSPITAL sined by th FUNERAL sold be detect th the State		22d. PHYSICIAN'S NAME (TYPE OR P	CLES CU FLESHR		1 1	
PP		BURIAL, CREMATION, REMOVAL	7/23/86 AGUDAS	E OF CEMETERY OR CREMATORY ACHIM ANSH-E SI	23d LOCATION	LE BALTO MD STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR SOL LEV	VINSON & BROS., INC RD. BALTO, MD 212			Sh. REGISTRAR'S SIGNATURE



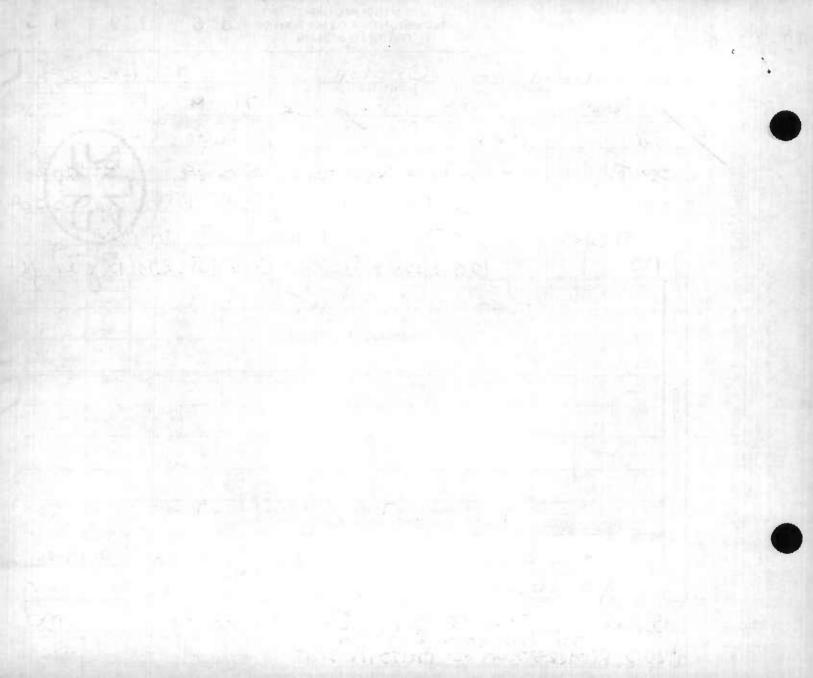
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APPEARS PARTHER HILL WINDERS TERM AVE PARTHERING

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN X . DECEASED NAME TYPE OR PRINTI OF ESTI-DEATH MATED 24/19 86 Francis W. Orendorff 5:30 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE 43 VPS PRONOUNCED June 30 43 Male White 1986 AM 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Mary Tand USA WIDOWED T Baltimore City DIVORCED 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Baltimore St. Agnes Hospital Self-Employed Restaurant Owner USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 5017 Williston Street, 21229 Maryland Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Orendorff Marie Patti 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 212-33-4433 Judy Orendorff, 5017 Williston Street No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDICE IN PENCIL IN THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ADDISES TO FUNEATA DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL PRACTIFICAL AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGEINE SHALL MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? HEART (ONLY 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, FTC) STREET CITY OF TOWN STATE WHILE AT WORK AT WORK COUNTY 220. I certify that I took charge of the remains describe HEARTel CONLY Autopsy Inspection Inquiry ond in my apinion death resulted fram Hamicide __ Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNATURE M.D. Assistant MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 7/28/86 Loudon Park Cemetery Burial Baltimore Maryland 07/84 25M 250. DATE REC'D. BY REGISTRAR 250 REGISTBAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH** - 17 Julia Davidon Jan Hubbard Funeral Home, Inc., 4107 Wilkens Ave. (VR A15 ME (5))



			STATE OF MARYLAND	3.	1 - 12 - 1 12 - 12
200	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTAL I	IYGIENE 8 6	19/85
3490	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		IRST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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od a	SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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1	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL NI	JRSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
27	12	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	TYPE OF WORK FOR MOST OF WORKING	SLIFE) INDUSTRY LI
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		HOME OR OTHER INSTITUTION GIVE RESIDENCE		? 13e.STREET ADDRESS ZIP CO	DDE
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BX.4	Meye	1 Ki	π $\eta \gamma \gamma$	1a Ur	Known
03 11	WAS DECEASED EVER IN	U.S. ARMED FORCES? 166 SOCIAL FYES GIVE WAR OR DATES	SECURITY NO. 17 INFORMANT	ADDRESS	2/201
1/	170	2/3-2	10-2378 WOSCAL	Usterloh 2	101 BORNemy
2 F	18 CAUSE OF DEATH	Enter only one cause per line for (a), (b	o', and ic'.		BETW ONSET AND DEATH
E .	PART I. DEATH WAS	CAUSED BY:	cooling sica	mis / siremi	51.0
	IM	MEDIATE CHOOLING		COZ CONCON	7 3-10 9
O.E.	C 100 10	DUE TO, OR AS A CONS			6.1
6 4	Conditions, if any, w	iate	FIGURESIS Zº TO (a)	3-65%
i	underlying couse		EOUENCE OF		THE LITE
8	DARK O CAUSE CICALIS	(3)	TO DEATH BUT NOT RELATED TO THE T	FRANKAL DISCLUS OR CONDITIONAL	CW(S) PL S A DY A
2 6		CANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	SIVEN IN PART TO
3 27	19a DATE OF OPERATIO	N 196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
: 7	E INCOME OF STERMING	17.0 CO.T.O.T.O.T.O.T.		IN CER	RTIFYING CAUSES OF DEATH?
2	718. ACCIDENT WAS UNDERL	YING 7 216. TIME OF INJURY	121, HOW IN IURY OCC	YES NO	YES NO
1000	On COLUMNIA COLUMN		DAY YEAR	COUNTED (ENTER NATIONE OF INJUNT IN TIEM	16 PART I ORPART 2)
	(IF EITHER NOTIFY MEDICAL		19		
- /	21d INJURY OCCURRED	LAT HOME SIDEST FACTORY OF	FFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	WHILE NOT WHILE				
		is hospital ottended the deceased fi			_, 19, that (1) we last
	sow the deceased abave (T) we) (did	and not view the body after death.	19, ond that in (my) (our) opin	ian death occurred on the date and l	nour and fram the causes stated
	22b. SIGNATURE		DEGREE		22c. DATE SIGNED
	1 /4	Lund	M ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	7-19-82
	774 PHYSICIAN'S NAM	Tradica sanci	100	SJADAIN	
5 1	AJ	Lucio	2434 W	as wes see A	- BAUN 21215
2	30 BURIAL, CREMATION, RE		234 NAME OF CEMETERY OR CREMATO		
	(ECIFY)	7-21-86	Bray Iskael	Cem Gortown +	COUNTY
-	FUNERAL DIRECTOR	2 1011105	21001	DATE REC'D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE
7/B4	NAME -	of Levinsons			
- 11	(0010 Ke14	terstown Ro	Balto Mosnus	1111 O E 4006	www.phandelles



00-1202:	3	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.
1202		DECEASED NAME FIRST	WIDDLE	(AST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
y be oge 3 deoth		Cmm	ELIZABETH (Ilvens	7-1	7-86 900 M
mo, po	3	SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS
2 000 3	5	FEMALE	BLACK	6 30 1893	93	YRS
Po Po	70	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
n 72	V	MARYLAND	U. S. A.	WIDOWED DIVORCED	BALTIMOR	E CITY MD
er de	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 126 KIND OF THE WESS OR
of the s	54	BALTIMORE	LUTHERAN HOSP		SILK PRES	
212 hour	3	SUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFORE		In STREET ADDRESS	ZIP CODE 8370 BEECHWOOD
2 2 Z	ED)	MARYLAND	BALTIMO			ASADENA. MD. 21122
YLA	1	FATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	
d d	0	HENRY	YOUNG	MAGGIE	MIDDLE	GROSS
eye cyle	16	WAS DECEASED EVER IN U.S. A		PRITY NO. 17 INFORMANT 83	70 BEECHWOO!	DS PK. ROAD 21122
AON ond ond	71	(YES, NO OR UNKNOWN) (IF YES, GI	215-01-4			Jr. PASADENA, MD.
ALTIN	=				A. Owens,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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RES e de move rotio		Conditions, if any, which gave rise to immediate	(b) 14/		orane	
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DHMH - 16 60M 7/B4

14 NUTTER SPRING FUNERAL HOME, INC. 2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

236 DATE

7/12/86

230 BURIAL, CREMATION, REMOVAL

BURIAL

(SPECIFY)

FOR

ARBUTUS MEMORIAL PARK

23c. NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CITY OR TOWN COUNTY BALTIMORE MARYLAND

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNAL 1986

23d LOCATION

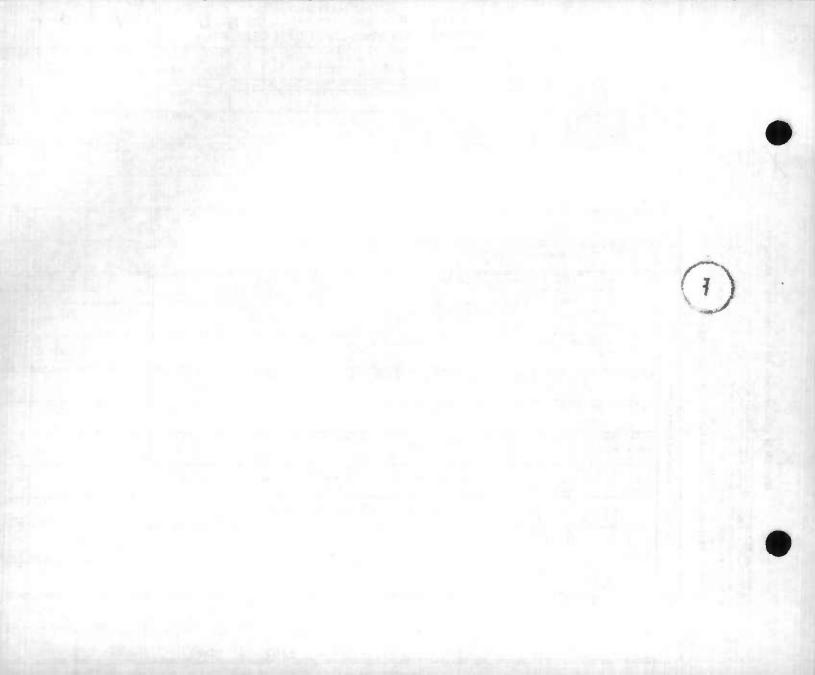
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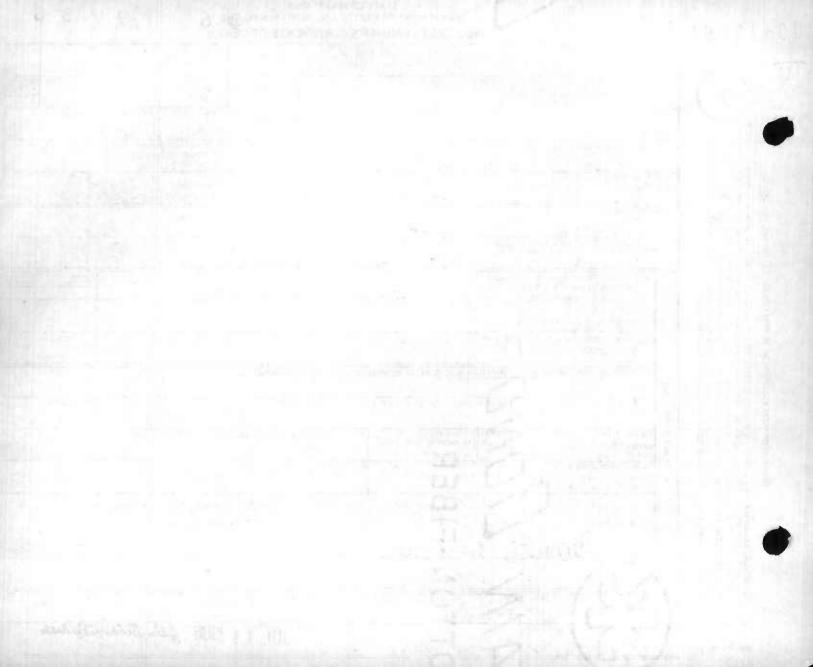
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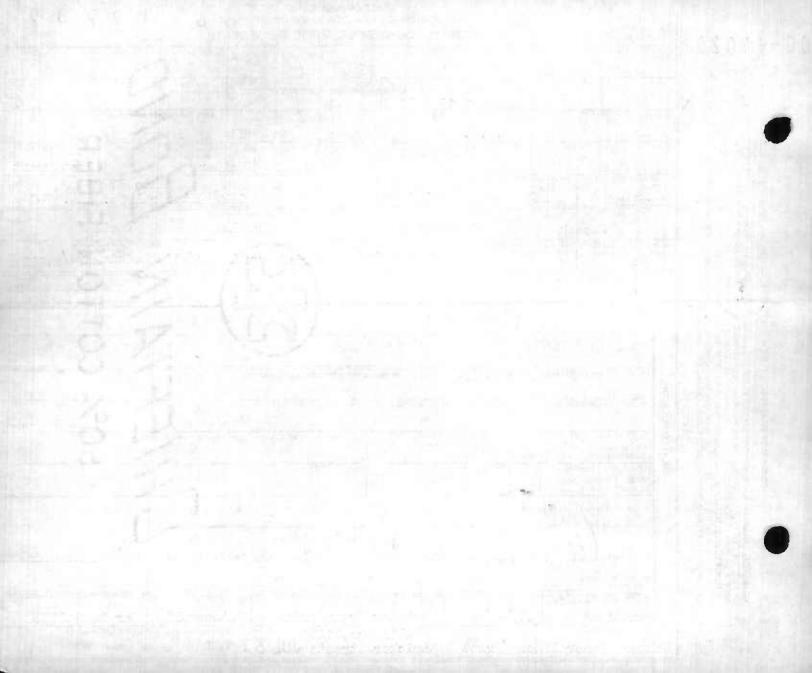
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	DIRECTOR PLANT PLA			Black	1 9 DAY	77	9 YE	MONTH		HOURS	MIN PRONC	OUNCED AD	7/	30/19 8	12:42 P M
	S NECESSARY, PLEASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS TW. PRESTON STREET.	7a B	IRTHPLACE (STA DREIGH COUNTRY)	ITE OR	USA	AT COUN	ITRY?	8 MARRI WIDOW		VER MARRIEI DIVORCEI	D XI	ILTIMORE CITY O	_		MD.
X	FEREN		TY OR TOWN C Baltin	ore	11 NAME OF HOSE (IF NOT IN SUCH FACE Luther	ILITY, GIVE S	TREET ADDRESS)		er institu	TION	FOR MOST OF	CUPATION (TYPE WORKING LIFE) Cudent	PE OF WORK	12b KIND OF OR INDU	
21201	FANY DELA AND 3 TO RETAIN P. SHOULD BE L RECORDS.	13a. S	AL RESIDENCE (I STATE Md.	FIN HURSING HOME O		Balt	OR TOWN	ON)	13d. INSIDE CI	NO [2217 N	oress It. Hol	ly St	. 2121	16
M.	H. 23.	14. F.	ATHER'S NAME		WIDDLE		TZAI		E	R'S MAIDEN	INAME	WIDDLE		LAST	
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CAL EXA THE CER SHOULD SATH, WI SATH, WI		SIGNATURE	to line	your	M	.D. Assistant	MEDICAL EXAMINER	DATE	7/4/86)
NOE DE NOE	10	EXAMINER'S NAME								
TO MEDICAL EXAMNER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORT AFTE FUNERAL DIRECTOR: AFTER BALTIMORE, MARYLAND,		(TYPE OR PRINT)	Margarita	A. Korell	M.D	ADDRESS	ll Penn St.	Balto.,	MD	
5X45A8	23a.	BURIAL, CREMATION, REMOVAL 2	36 DATE	23c. NAME OF CE	METERY O	RCREMATORY	23d. LOCATION	COUN	ity cr	ATE
ВР		Removal	7-5-86	1 - 20 - 1						
	24.	FUNERAL DIRECTOR				250. DATE	REG D BY 1986 AR JU	TGE VY LE	ल्यू भार हा	1
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20M 4/82		And comy be	/d	Darco.,	110.					



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-D. DEATH MATED XX R YOUR FILES. HIN 72 HOURS ESJON STREET, John Paplauskas 19 86 4. RACE 5 DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE YEAR RONOUNCED W 1986 Jan 22 1915 DEAD Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. DIVORCED XX Baltimore City, WIDOWED [Maryland 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 1027 Cathedral St., Apt. 7G Waiter Restaurant Baltimore USUAL RESIDENCE (JE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS Balto 21201 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b COUNTY Baltimore YES X 1027 Cathedral St. Apt. 7-G Maryland 201 W. PRESTON ST., BALTIMORE, MD. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Paplauskas Mazeikas Ursula Joseph 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS Pasadena 16b. SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 215-05-8325 Patricia Mullauer/8130 Bodkin Ave/21122 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IS CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY2 NOXX YES T EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE A SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BUI 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN JEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN WHILE NOT WHILE Inspection X 220 I certify that I took charge of the remains described above, held a Inquiry and in my apinion Notural causes XX 7-25-86 assistant SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 07/30/86 Westview Crematorium Catonsville, Maryland 21228 Cremation 07/84 Baltimore 21223 250. DATE REC'D. BY REGISTRAR, 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** in his day my Parkett Walters Funeral Home/Pratt & Stricker Streets JUL (VR A15 ME (5))

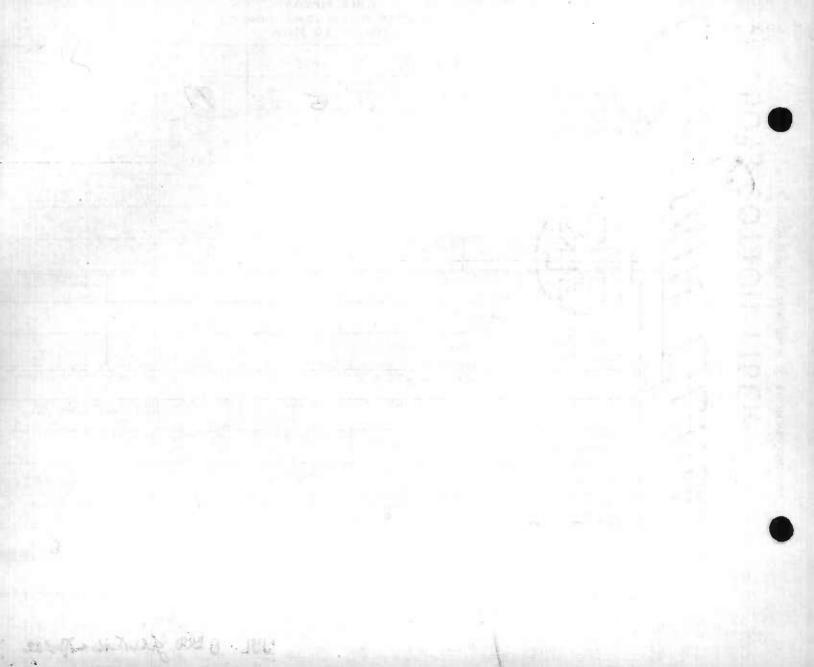


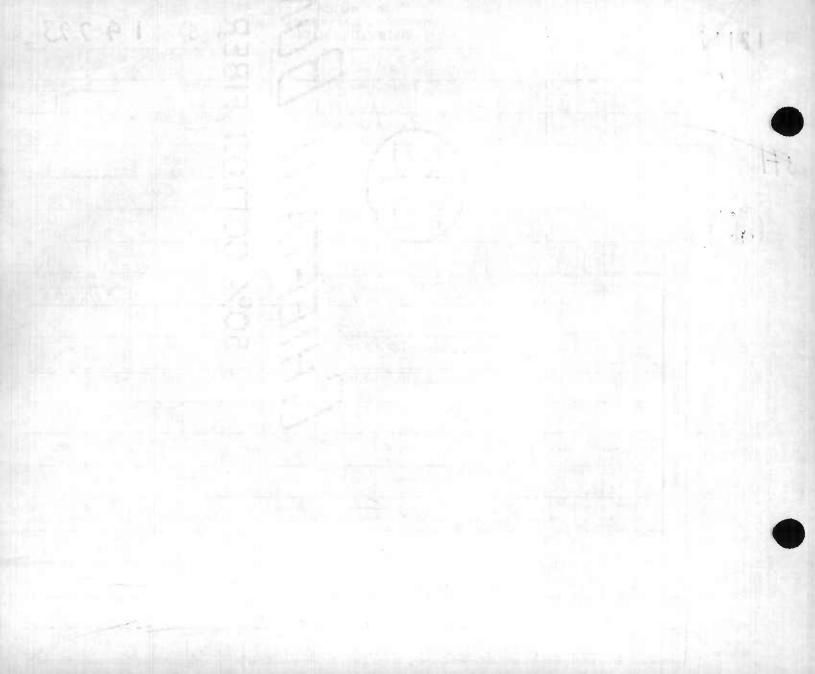
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1 01 0	70 BIRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
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1 7	TISUAL RESIDENCE DENURSING M	OME OR OTHER INSTITUTION, GIVE RESIDENCE E		13e STREET ADDRESS / ZIP CODE	40099
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1.0 in 194 in 1	18 CAUSE OF DEATH (En	ter only one couse per line for (a), (b) AUSED BY:	o), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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To the state of th	gove rise to immedia cause (a), stating t underlying couse la	he DUE TO, OR AS A CONSI	EQUENCE OF yasthenia brain's		12 years
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2 2 2 2	Malignant	thymoma, copi	0 1 1-11/04 1 001/00 0		
A REC	90 DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
2 5 5 5 6 6 A	210. ACCIDENT WAS UNDERLYIN		216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	(RLT OR PART 2)
a 34 101 19	OR CONTRIBUTING CAUSE	OF DEATH	19		
2	21d INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
01 110	NOT WHILE] [MI HOME STREET, FACTORY, OF	PICE, PARM EIC)		
20 20 1		haspital) attended the deceased fr	am 13.86 19		9, that (1) (we) last
## C 5 # 2	sow the deceosed of obove, (1) (we) (did) (ve on 7/2/86 did not view the body ofter death.	19, and that in (my) (our) apinion	death occurred on the date and hour	and from the couses stated
Special Party of the Party of t	226. SIGNATURE	1 OF1	DEGREE		220. DATE SIGNED
# H H H H H		my 10/1/1800	MD ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	6/2186
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22d PHYSICIAN'S NAME		22e ADDRESS		STATE VIEW
A P D O O O O O	Na	10 00 130M			
aganan	THE BURIAL, CREMATION REM	VAL 236. DATE	231 NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
7798999	Burial	// July 1		idanl Cemetery	
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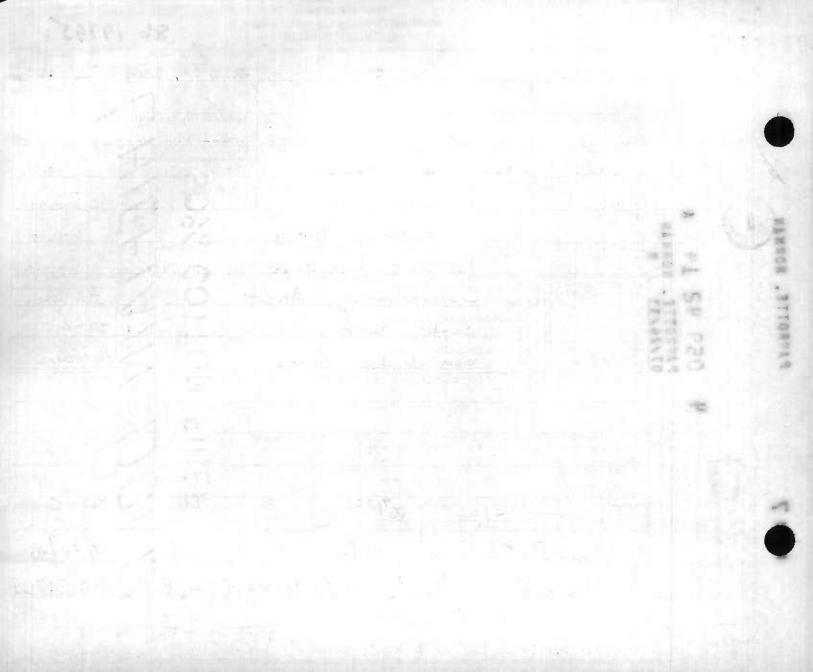
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oge 3		CEASED NAME FIRST OR PRINT) ZULA	Jilly	PARR		LAST	20 DATE OF DEATH	7- 6-86	26. HOUR
ctor, po	3. SE	FEMOLE	4 RACE	BLACK	5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEA MONTHS DAYS	
decit. Po		RTHPLACE ISTATE OR FOREIGN DUNTRY) UNCESIN SC	4 .	S WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED		ore,	MD.
		TY OR TOWN OF DEATH Baltimore	Gra	nada Nurs	ing H	ome	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Retired		OF BUSINESS OR
NND 212	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME O TATE 136 COU Md. NO	NTY	130 CITY OR TOW Baltim	/N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 3212 Yo	semite Ave.	21215
MARYLA majerety and 2 st	14 FA	THER'S NAME Elip Simmand	WIDDLE	LAST		IS MOTHER'S MAIDEN NA FIRST Lennie	ME Tolliver	ι	AST
IMORE, the second		VAS DECEASED EVER IN U.S. AF ES. NO OR UNKNOWN} {IF YES. GIV	RMED FORCES?	-578-67-		I7. INFORMANT Lessie Smal	ADDR 1, 3212 Yos	emite Ave.	21215
ST., BALI entificate to physics bompapen remeval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly ane cause pe ED BY: TE CAUSE (o)	er line for (a), (b), ar	d (ci.)	10 pulman	Corre	APPROBLIWEE	XIMATE INTERVAL N ONSET AND DEATH
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN; The low requires that the death certificate be executed within a found of the this certificate has been signed by the attending physician and completely falled in by as the buriol-transit permit. Then please remove combangabers floors is and 2 should be full and Avental Hygene prior to buriot, cremation, or removed. And Avental Hygene prior to buriot, cremation, or removed.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)_	DR AS A CONSEQU	00	esclerate (Cardial u	neulan.	
ORDS, 30 requires 1 n. Themple or te burie y injerty.	NOIL	PART 2 OTHER SIGNIFICANT							
The low riction. The low riction. The hos been sit permit. Figure priors shows only	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH? NO
PHYSICIAN: The ending physician this certificate has burial-transit and Mental Hygies do them 18 should be a burial transit and mental Hygies.	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY N.M. MONTH D P.M.	AY YEAR	?Ic. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)	
DIVISIO DIVISIO NG PHY After this os the bus os the bus os the bus os the bus or the bus or the dor or the dor or the dor the bus or the dor	MED	21d. INJURY OCCURRED WHILE OF NOT WHILE OF AT WORK	21e. PLACE (AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE, I	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
OR ATTENDI OR ATTENDI OPECTOR: A bocked for use Dept. of Heal		220. I certify that (I) (this hasp saw the deceased alive or above, (I) (see (did)) do 27). SIGNATURE		6 - 19 8		nd that in (my) (our) opinion DEGREE	death occurred on the d		, that (I) (we) lost e causes stated E SIGNED
by the by the ERAL I		224. PHYSICIAN'S NAME (TYPE O	PR PRINT) NAIR	44 (5)	/\	ATTENDING PHYSICIAN E	MEDICAL STA	FF 7	78-3-
TO HOSI	23e B	URIAL, CREMATION, REMOVAL	236 DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY COUNTY	STATE
DHMH-16 60M 1/73		Burial INERAL DIRECTOR	7/9/8		Arbut	us Mem Park	Baltimo E REC'D. BY REGISTRAR	re. Marylar	
(VR A 15 (4))	I	aw Funeral Hom	e 4611	Park Heig	hts A	ve. 21215 JU	T 8 1700	Julia Davidson	Bodone :

STATE OF MARYLAND

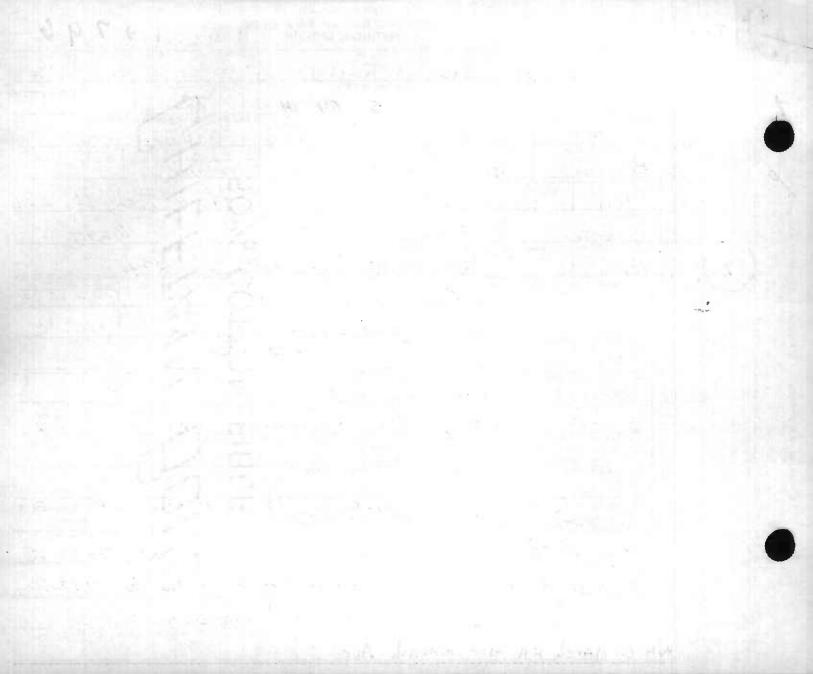




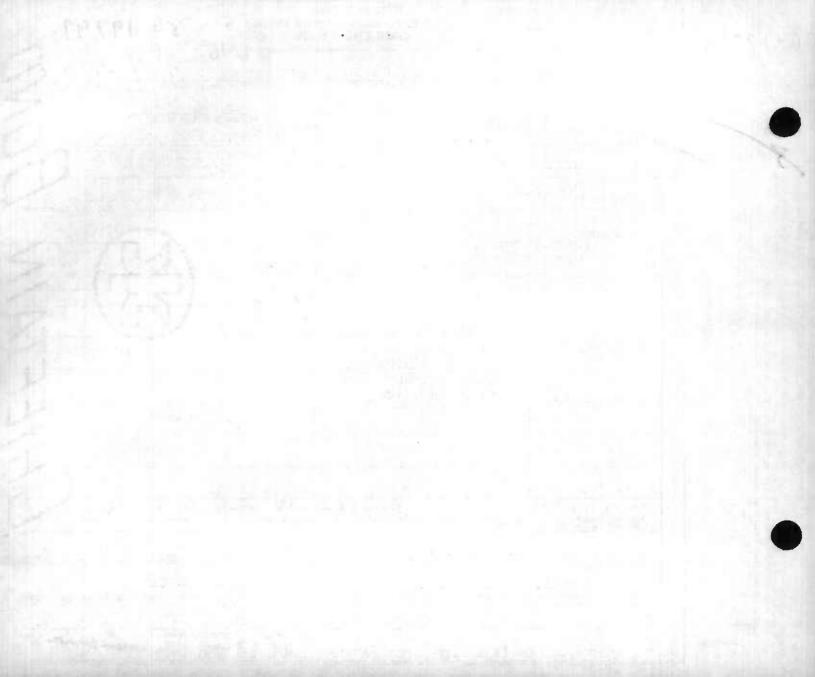
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tan and ers. Pages			IF YES GIVE WAR ORD	DATES	212420	392	EARL R.	PAF	ROTT	JR.	5620		HONY ROXIMATE IN EN ONSET A	
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TAL RECOR	CERTIFICATION	19a DATE OF OPERATIO				OPERATIO	N WAS PERFORMED		20a AUTO	NO	IN CERTI	S, WERE FIN FYING CAUS	SES OF DE	EATH?
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requirectomed by the hospital or attending physician. TO FUNERAL DIFECTOR After this certificate has been significantly be detached for use as the build-transit permit. There with the State Dept. of Health and Mental Hygiene prior to Limportant: if them 21 is marked or tem 18 shows any injuri	MEDICAL CE	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IP FITHER NOTIFY MEDICAL VIOLET OR CONTRIBUTION COURTED WHILE AT WORK 27g. I certify that 1) the saw the deceased obove, (I) (wg) (did) 22h SIGNA (II) (VIOLET OR CONTRIBUTION CONTRI	SE OF DEATH EXAMINER) 21e. (AT H clis hospital) after clive on (did not) view th	P.M. PLACE OF	MONTH DA	ARM, FTC)	211. LOCATION STREET 19 d that in my our) DEGREE ATTEN PHYSI 22e ADDRESS	opinion d	, to	on the do	te ond hou	COUNTY 19 8 6 or and from 1 22c DA	_, that (I) the couses	
DHMH - 16 60M 7/84	L	BURIAL, CREMATION, REA BURIAL UNERAL DIRECTOR		7/14	1- 1	ARDE	NS OF FA		REC'D. BY RE	A T ITTO		EQUNIV BATT		STATE MD.



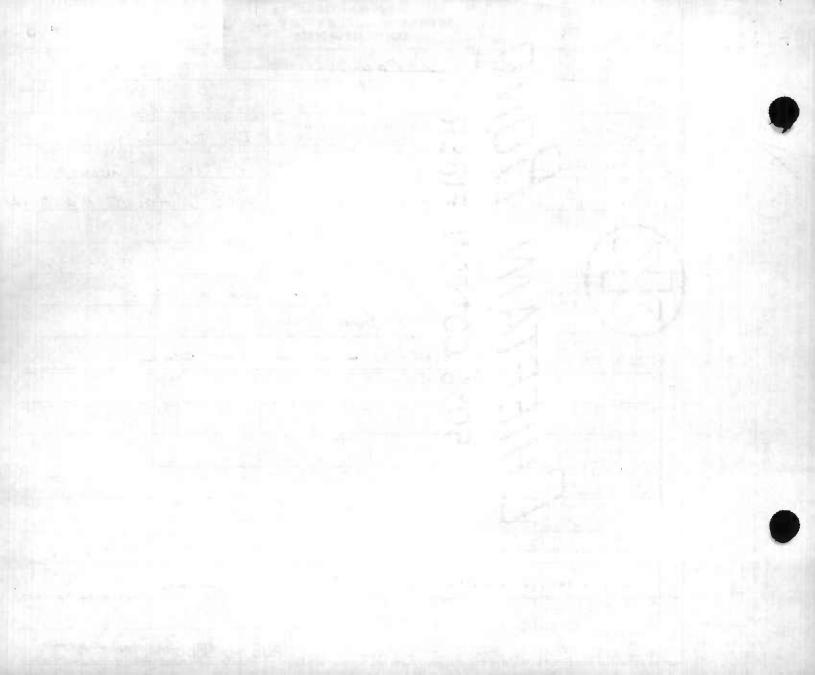
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equires that the death ce is signed by the attending Then please remove carb to burial, cremation, ar injury, ar ather traumatic	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	(c)	EQUENCE OF +	uninan	Times Pro		ART 110
The law recion. te has beer six permit. grene prior	CERTIFICATION	190. DATE OF OPERATION	19% CONDITION FOR WE	HICH OPERATION WAS PI	ERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH? NO
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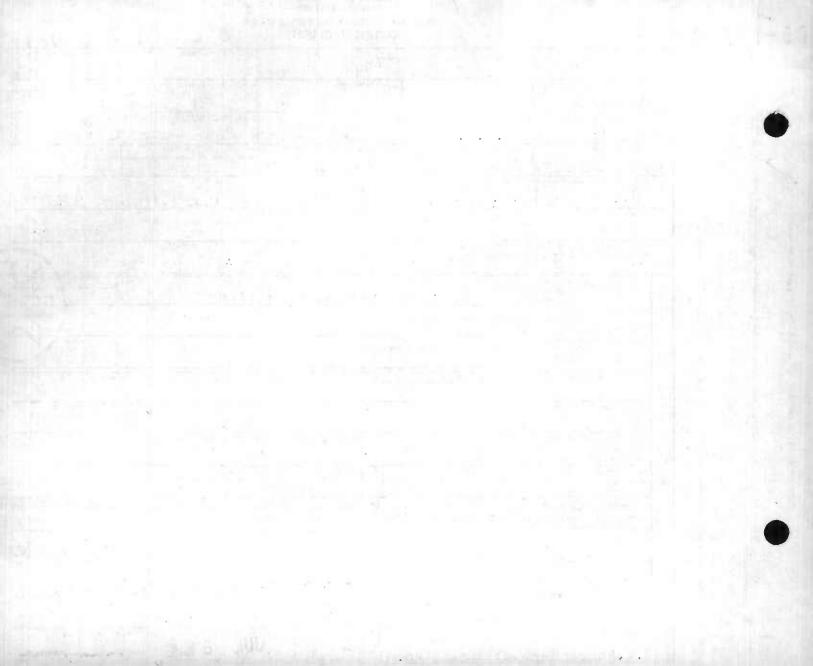


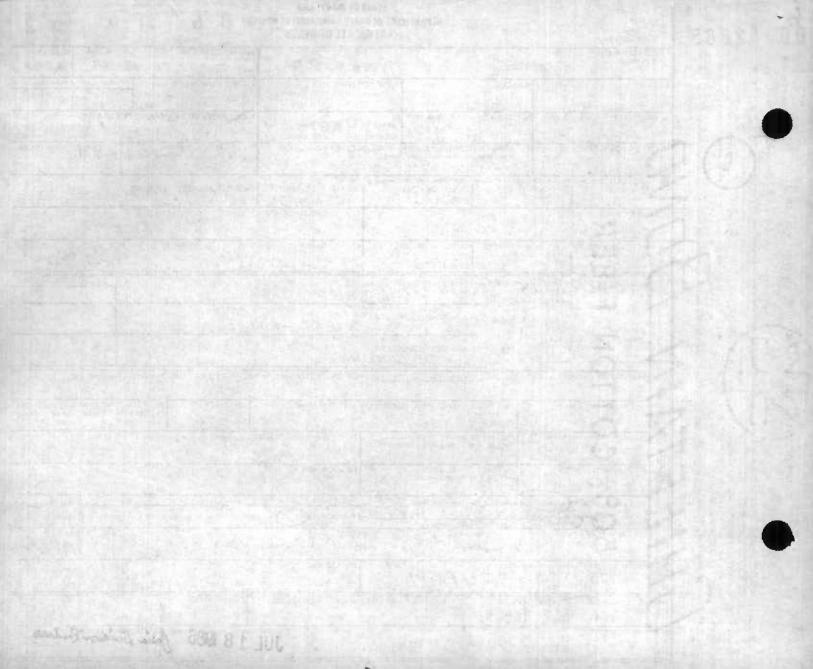
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	(VR A15 ME (5))	-	Leonard J.	. Ruck,	Inc.	5305	Harford	Rd.		JUL	17	1986			•		

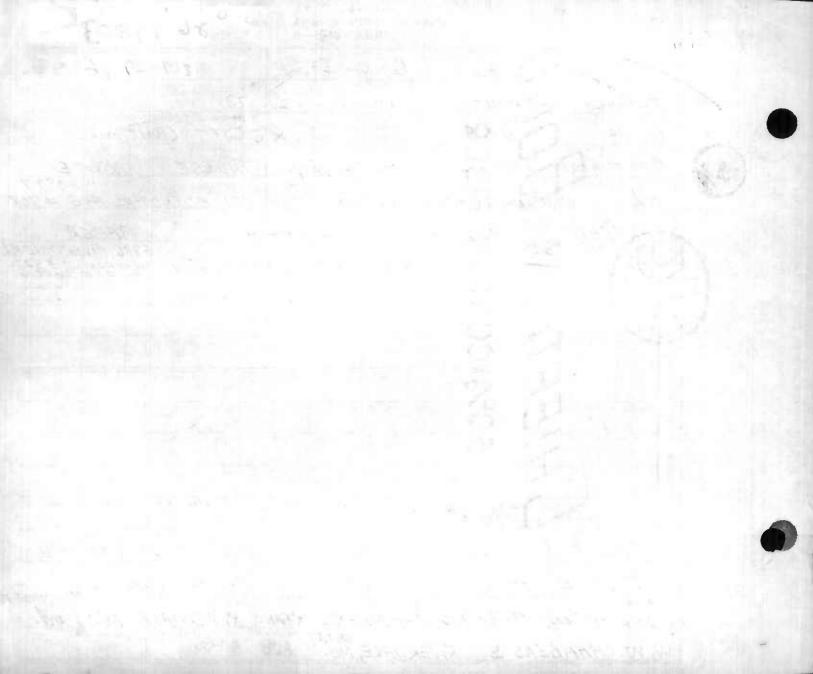
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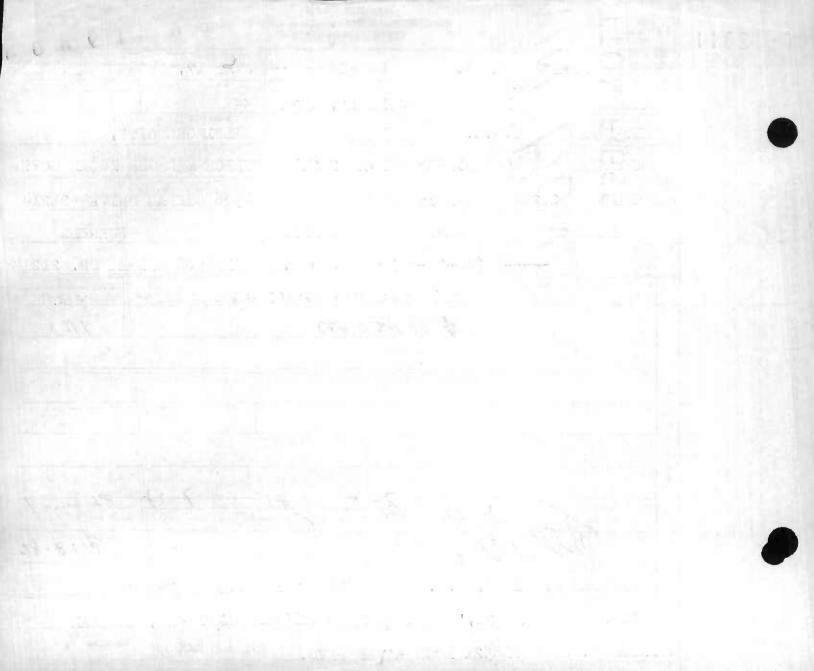
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AL 8	The	e hos sit pe	shows	TIF							MARKET !	YES NO		S [NO [
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Ois	PHYS		0	MEDICAL	21d. INJURY OCCURR		21e. PLACE C	OF INJURY	E EADM STC	211. LOCATION		CITY OR TOW		COUNTY	STATE
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	В	P		,	Rurial		7-9-	86	K:-	Memoria	1 Pk.	Baltin	ore	Mar	yland
	DHMH - 1	16 60M 7/7	3		NERAL DIRECTOR	-1.34		ADDRESS	- tng	2	So. DATE RE	C'D. BY REGISTRAR 2			
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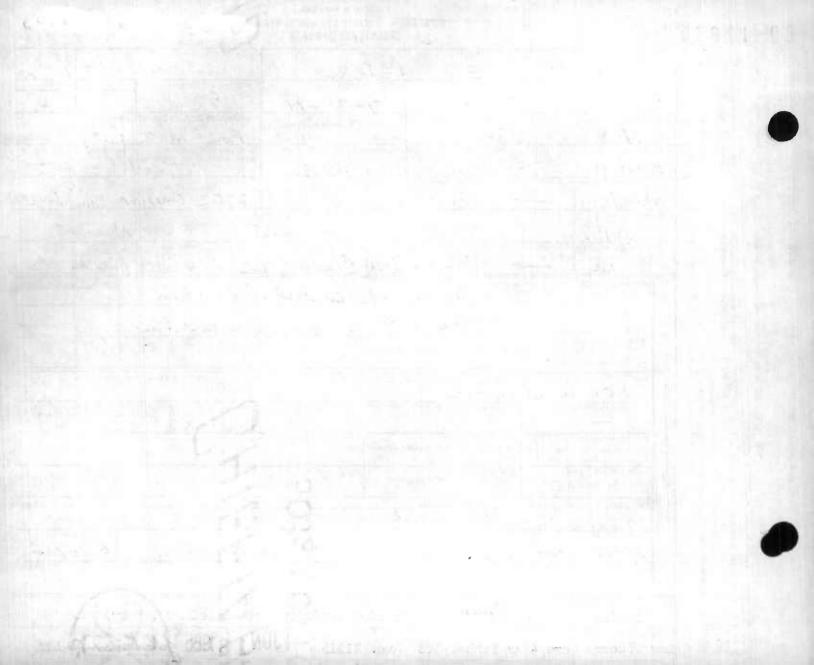




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Ž	DED DEP DEP DEP	∤∄	WHILE -	NOT WHILE IN	STREET FACTO	ORY, FARM, ETC.)		ST	REET			CITY OR TO	WN		COUNTY		STATE
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	A POR		XAMINER'S	NAME Gre	egory R. K	auffma	n Mi	0	87110	11	1 Pe	enn S	+				
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH HIS STEAM ORE, MARIANEST		TYPE OR PRIN						ADDRESS_				tur •				
	- m r h d m	(59)	Burial	ION, REMOVAL 2			AE OF CEME			JKT	23d. LOC CITY O	RIOWN			YTAUC		ATE
07/84 25M	BP		NERAL DIRECT		July 7,19	86 Md.	veter	ans		16- DAYE 55		ltenh			G.	M	ע
	DHMH - 17	1	NAME		ADDRESS		13.2-10			25a. DATE RE	C D. BY	KEGISTRA	K 230. RE	GISTRAR'S	SIGNA	TURE	1.
	(VR A15 ME (5))	Rai	isch Fu	n. Home, P	0 Box 45	Owings.	MD 20	736	0-06	3 111	3 1	299	alshie	Character of the second	李一次	Mark and	à
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			STATE OF MARYLAND		
6601	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0	9 8 0 5
	ECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
	BEATO	ICE E	PETERS	June 1	6,1986 17, 36
.3. S	ex colole	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	- SIMINTG	DLACK	7-31-74	72 YRS.	
70.1	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	75. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY	City MD.
10.0	BALTIMORS	11. NAME OF HOSPITAL, NI	URSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
± 13a	JAL RESIDENCE (IF NURSING HOME O STATE 1136 COU		BEFORE ADMISSION) TOWN 13d. INSIDECITY LIMITS?	130 STREET ADDRESS	21207
-	MARY (and) -	Balt	MORE YES NO D	13702 GWYN	IN OAK AUZAN
exomi	William	PETERS	MARGAR	ST MIDDLE	Mugafinet
		RMED FORCES? 166 SOCIAL NEW WAR OR DATES)	2-1280 Christun	Auch 6 2914	Aprilial ave.
at, the	T	inly one couse per line for (a), (I	b), and (c).)	interité	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
o e ve		TE CAUSE (0) / Cu	le 1940 Caracas	myrcus	
фошо	Conditions, if ony, which	DUE TO, OR AS A CONS	SEQUENCE OF & Comme	ry arterial inse	11st
or tro	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	SECULENCE OF	7 201012 100	7/80
to	underlying couse lost	(c)	SEODENCE OF		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	VEN IN PART 10
Je OF		Dementia			
8 shows ony injur	190 DATE OF OPERATION	196, CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 21t. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18.1	PART I OR PART 2)
d or Item	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19		
MED MED	21d. INJURY OCCURRED	21e PLACE OF INJURY	FFICE, FARM, ETC.) 211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
no rk	AT WORK AL WORK				
21 is n	220.1 certify that (I) (this hasp sow the deceased alive or	6/11	01	n death accurred on the date and hou	or and from the causes stated
	22b & GNATURE	ot) view the body ofter death.	DEGREE		22t. DATE SIGNED
E e	THE POST OF THE PO			MEDICAL STAFF	11/10
NT: # Fem	Schue- Yuan	/ / /	D . ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	6/16/86
PORTANT: If Item	1000 11	/ / /	D PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN	6/16/86
MPORTANT: If Hea	Schue- Yuan	OR PRINT)	PHYSICIAN	☑ DIRECTOR ☐ PHYSICIAN ☐	



n-13591	1.	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	9807
death of		CEASED NAME FIRST OR PRINT) Kar	l Francis	Peters In.	July 24, 1	986 7:20 M
ge 4 mon	3 SE	* Male	4. RACE White	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY) 45 YRS	MONTHS DAYS HOURS MIN.
depth. Page	2	RTHPLACE (STATE OR FOREIGN COUPLRY) TATY LAND TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED M NEVER MARRIED UNDOWED DIVORCED GHOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNT Baltimore (i	TY OF DEATH LY MD 126 KIND OF BUSINESS OR
ors often	0	Baltimore	701 South Bour	din Street	Hachinist	
AND 21 n 24 ho n 24 ho filled hould b	130	STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 130 GTY OR TOW BALLING	N 13d. INSIDE CITY LIMITS? YES NO [13. STREET ADDRESS / ZIP CON 701 S. Bouldin	St. 21224
MARYL ed withing opd 2 si	14. F/	ATHER'S NAME Karl	Francis Peter	is Sr. (atherine		Rosenthal
BALTIMORE, cate be execut ysician and ca apers. Pages wal. it, the medical	160 \	NAS DEGEASED EVER IN U.S. AI YES, NO OF UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 220-36-6		Peters 701 S. Bou	ldin St. 21224
: 4000			nly ane cause per line far (a), (b), and ED BY: TE CAUSE (a)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The law requires that the death cert r altending physician. Ther this certificate has been signed by the attending is as the burnal-transit permit. Then please remove carbon th and Mental Hygiene prior to burnal, cremation, at rer orked or teen 18 shows any injury, at ather traumatic ev		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	CELL UNDIFFERE		
or to bury, or injury, or	TION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
ALREC ALRECTOR The law ctan. Set permissir per	CERTIFICATION	1984	LAKBE CELL	UNDIFF. OF LUN	CYES NO NO IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
I OF VIII		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE		21c. HOW INJURY OCCURE 19	RED (ENTER NATURE OF INJURY IN ITEM 18	3 PART 1 OR PART 2)
IVISION IG PHYS attendin ter this of the bund Me rked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	ARM ETC) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN Portol or TOR: Af- for use a of Health		saw the deceased alive ai	at) view the body after death.	, and that in (my) (aur) apinion	to JUL 79 death occurred an the date and hi	, 19 8 6 , that (1) (we) last aur and fram the causes stated
the has a DIREC etached to Dept.		226 SIGNATURE	W W	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
O HOSPITAL TO FUNERAL Should be de with the Storic		224 PHYSICIAN'S NAME (TYPE	MERMAN, MI)	22e ADDRESS	COAD WAY	7/231
of of short of the		BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23c h	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN R	COUNTY STATE

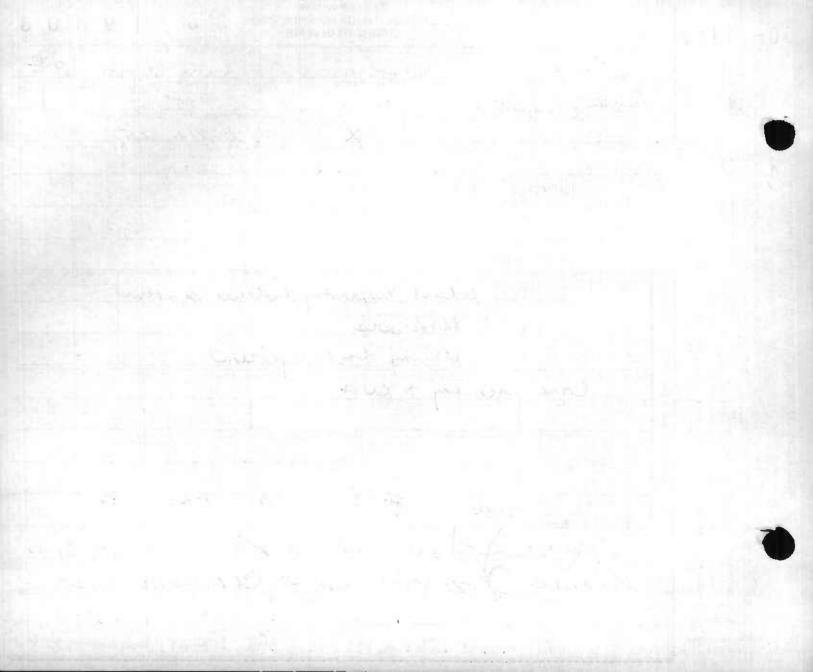
Charles S. Zeiler & Son Inc. 901 S. Conkling St.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

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nay	o d	3. SE)			RACE			OF BIRTH		6. AGE (IN YEA	RS LAST BRIH		IF UNDER I YEAR		24 HRS
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€ E	135 Y A		OUNTRY)	I I	B. CHIZEN OF	WITAT COOL	MARR	IED NEVER	MARRIED -	1	CITTOR	COUNTY	- DEATH		
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AND 24	The state of the s	Ма	ryland	Balt	imore	Balt	imore	YES X	NO 🗆	2447 B	lais	el Co	ourt		
¥ 3	2 sh	I4 FA	THER'S NAME		IDDLE	LA	6.7	15. MOTHER	S MAIDEN NAM		MIDDLE			AST	
AA b	ological distribution of the state of the st	P	resley	M	NOTE:		kes	Pho	sie		WINDIE	Le	emmon	(3)	
E. S.	Se lo	16a V	VAS DECEASED EVER IN				L SECURITY NO				ADDRES	S			
BALTIMORE	Pogo	()	NO OR UNKNOWN)	(IF YES, GIVE)	WAR OR DATES)										
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DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The low requires the	gned buri Jry, a	_	PART 2. OTHER SIGNI	CANTICO	ONDITIONS CO	ONTRIBUTIN	IG TO DEATH BI	JT NOT RELATE	D TO THE TERMI	NAL DISEASE	OR COND	ITION GIVE	EN IN PART	101	
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0	Prio prio	CAT	19a DATE OF OPERATION	NC	19b. COND	ITION FOR	WHICH OPERAT	ION WAS PERF	ORMED	20a AUTOP	SY?	20b. IF YES	, WERE FIND YING CAUSE	INGS USER	D
e le	w pess	Ē								YES 🗍	NO		S [NO [
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OF VI	W		OR CONTRIBUTING CA				H DAY YEA								
SION OF VI	burial- Mental- Mental- ar Item	MEDICAL	(IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE			M. OF INJURY	15	211 LOCAT	ION						
ISIC Hall		ME.	WHILE IN NOT WHILE		(AT HOME, ST	REET, FACTORY,	OFFICE, FARM, ETC }	STRE	ET		CITY OR TOW	/N	COUNTY	S	STATE
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E	CTC CTC J for	. 30	sow the deceased	[] (did nat)	view the body	ofter death.			y) (our) opinion a	eom occurred	on the dot	re and nour			ofed
S S	DiRE Dept Dept		275 SIGNATURE		0	1		DEGREE	ATTENDING	MEDICAL	STAFF		22c. DAT	ESIGNED	
¥ .			LYW	may	ut	91	lew	W	PHYSICIAN Z				7-	-31-0	16
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE

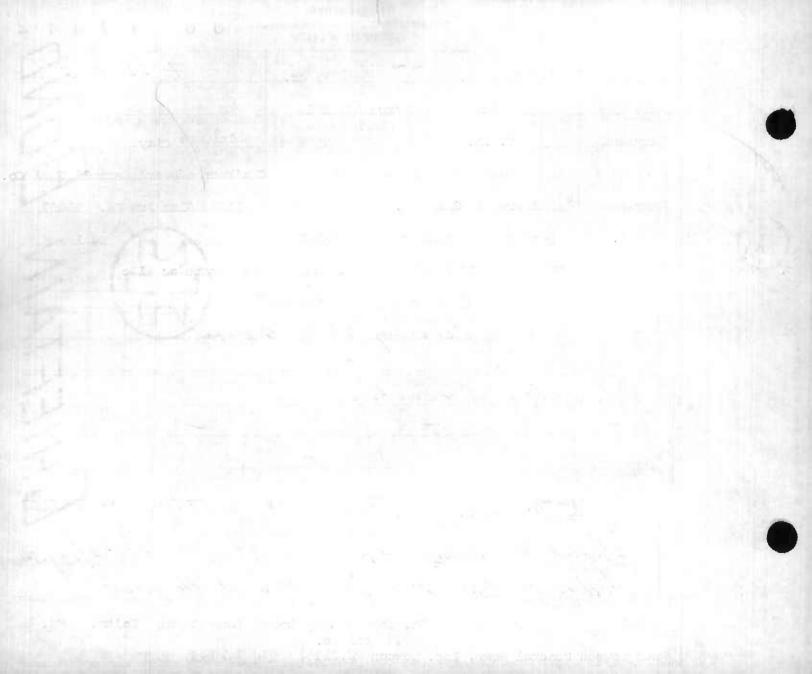
REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		1
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SEX Male		4 RACE White		S. DATE C	DF BIRTH 1, DA 1902 EAR	6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	M R IF UNDER 24 HRS HOURS MIN.
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FATHER'S NAME FIRST Eric		WIDDLE	Peterson		15. MOTHER'S MAIDEN NA FIRST Johanna	E. Wise		EA	AST
60 WAS DECEASED EV (YES, NO OR UNKNOWN) NO		RMED FORCES?	218-32-09		Mrs. Doris A	. Stout 231			Road 2109
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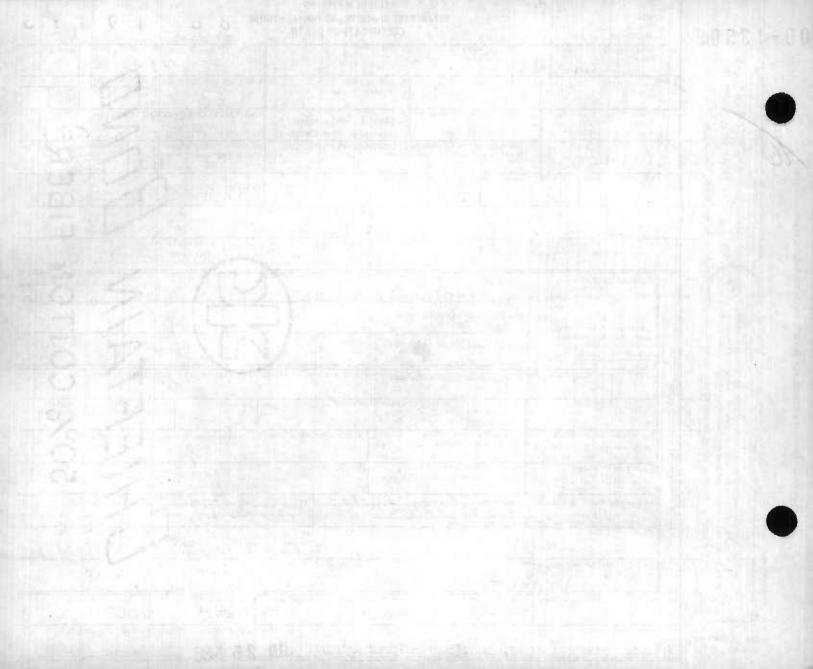
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(V	/RA 15, 4)	Ruck Tows	son Fune	ral Hor	me, Inc. !	Towson,	Md. 2120	94 .]]	12319	86 /1-1	المالالة الم	A A	



Road 21227



" NUTTER & SONS FUNERAL HOME, INC.

2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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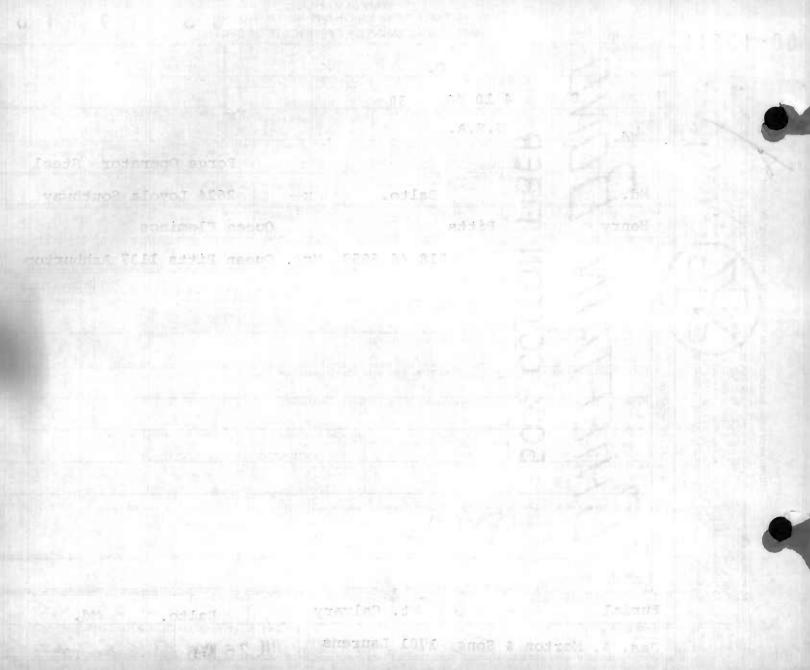
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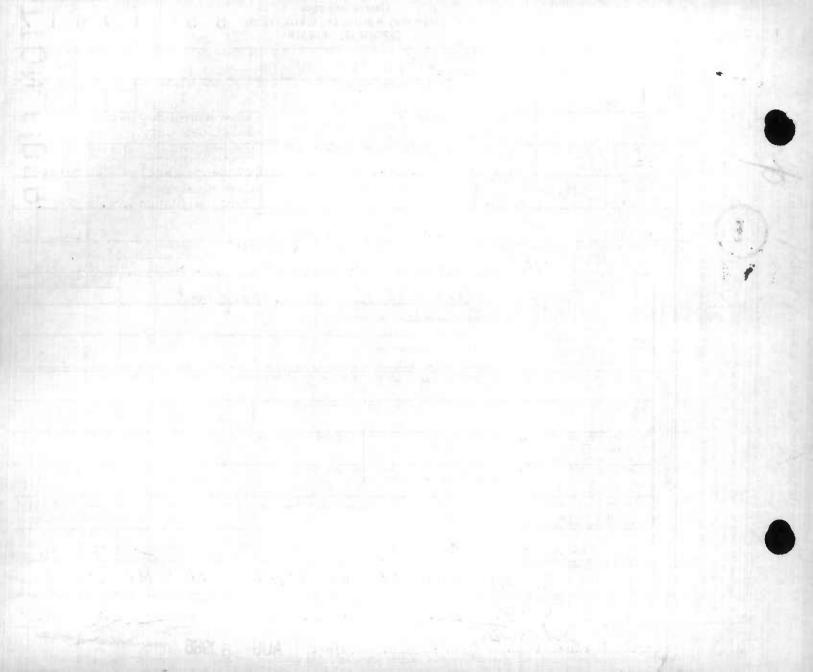
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ysical oper ovol.		18 CAUSE OF DEATH (Enter of	only one cause per line for 101, EED BY:	(b), and Ic)	100-1		APPROXIMATE INTERVA BETWEEN ONSET AND DE
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R ATT hospin RECTO hed fo tem 2		22b. SIGNATURE	view the body after death.	1	DEGREE		22c. DATE SIGNED
the the termination of the Director		Kun	Pulpen 1	Herry	MD ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	7/5/
SPIT SPIT	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		220 ADDRESS	1	7-0
TO HOSPITAL TO FUNERAL Should be deter with the Stote		KUANGI-	YEN H	UANG	Luth	uran Hos	pital 8
Of of State	23a.	BURIAL, CREMATION, REMOVA	L 13b. DATE	230 NAME OF	EMETERY OR CREMATORY	23d. LOCATION	/
BP	Bu	rial	7/29/86	Mt. O	livet Cemetery	Baltimore	City Maryland
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	400	DRESS	25a. DAT	E REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE
(VRA 15, 4)	An	mbrose Funeral			Spring Rd . !!!	1 2 8 1986 Full	is Davidson Rondows



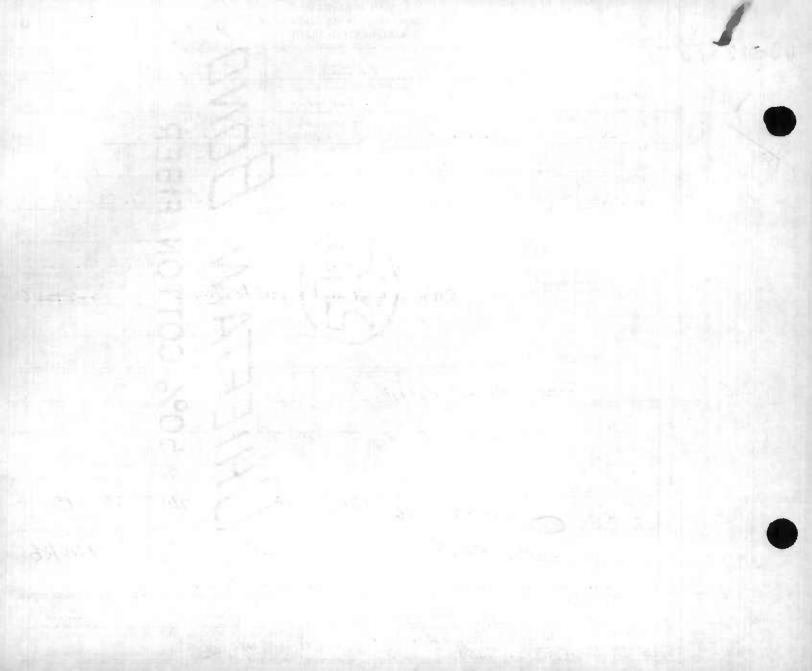
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE REGISTRAR REG. NO L DECEASED NAME 20 DATE KNOWN X (TYPE OR PRINT) ESTI-Pitts 23/10 86 Fred DEATH MATED 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. 3 SEX IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED M B 4 10 48 DEAD 23/ 1986 38 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY) U.S.A. WIDOWED [DIVORCED Baltimore City ID CITY OF TOWN OF DEATH 120 USUAL OCCUPATION LTYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Forge Operator Steel Baltimore University Hospital Shock Trauma ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Md. 113h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Balto. 2624 Loyola Southway YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Henry Pitts Queen Flemings 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS TYES, NO. OR LINKNOWN) LIEYES GIVE WAR OR DATES! 218 46 6959 Mrs. Queen Pitts 1137 Ashburton 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Thoracic Injuries with Complications IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CHEST ONLY MENT 210 EXTERNAL CAUSE WAS 2 lb. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1 . 50P.M. 2/ 19 86 subject caught in machinery 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK AT WORK Kopflex Company job site Harmons Rd. Harmon Anne Aru and in my sample Co., Md. 220. I certify that I took charge of the remains of scribe CHEST Teld ONLY Autopsy X EXECUTE THE CERTIFICATION OF A SHOULD BE TO FUNERAL DIRECTORY AFTER DEATH, WITH BALTIMORE, MAR death resulted from Natural causes Suicide Hamicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL M.D. ASSISTANT MEDICAL EXAMINER 7/24/86 SIGNATURE. EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS. 23 a BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Mt. Calvary -30-86 Balto. Md. 07/84 25M 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE **DHMH - 17** Jas. A. Morton & Sons 1701 Laurens (VR A15 ME (5))



	FOR		TE OF MARYLAND HEALTH AND MENTAL HYGIE	NE 8 6 1	9817
- 14507	- STATE REGISTRAR		FICATE OF DEATH	REG. NO.	4
	I. DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
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	3. SEX	4. RACE 5. DATE		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 MRS
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deoth. Po	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Georgia	USA WIDOW		Baltimore City OR COUNTY Baltimore City	OF DEATH MD.
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To be a se	USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION UNITY 136. CITY OR TOWN	113d. INSIDE CITY LIMITS?	Maintance (Ret) 30.STREET ADDRESS / ZIP CODE	
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DHMH - 16 60M 7/84 (VRA 15, 4)	Singleton Funera	al Home Glen Burnie,	Maryland AUG	REC'D. BY REGISTRAR 256 REGIST.	RAR'S SIGNATURE



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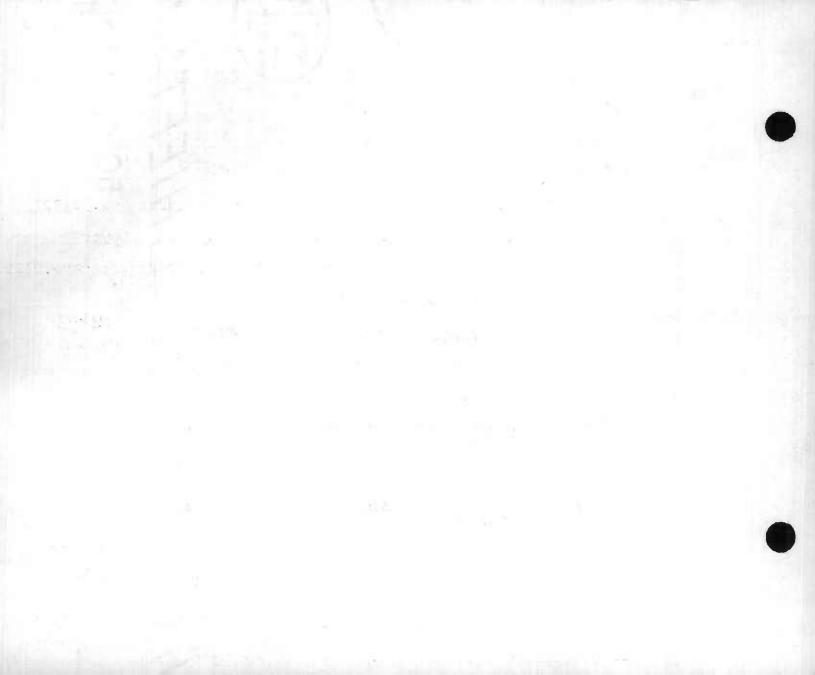
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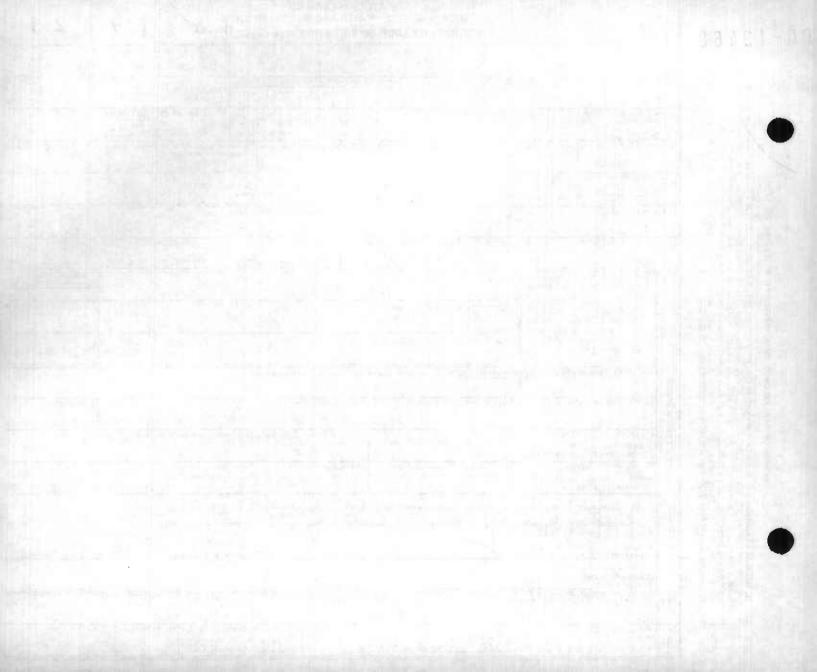
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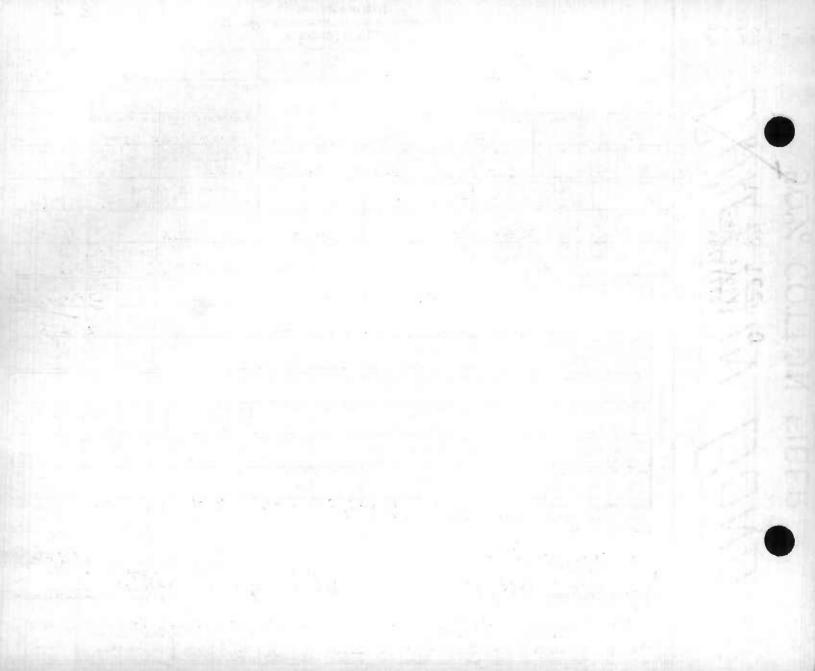
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STATE OF MARYLAND



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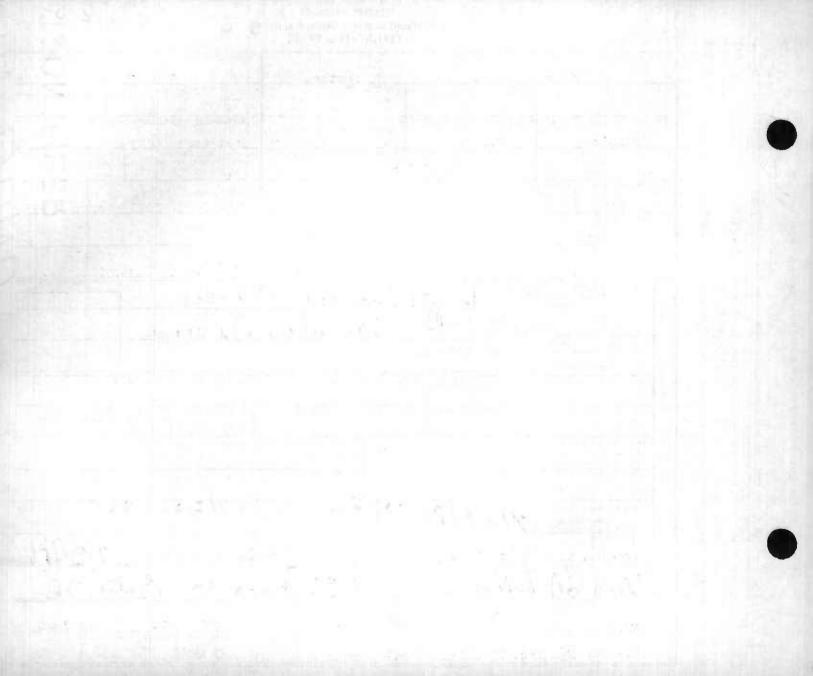


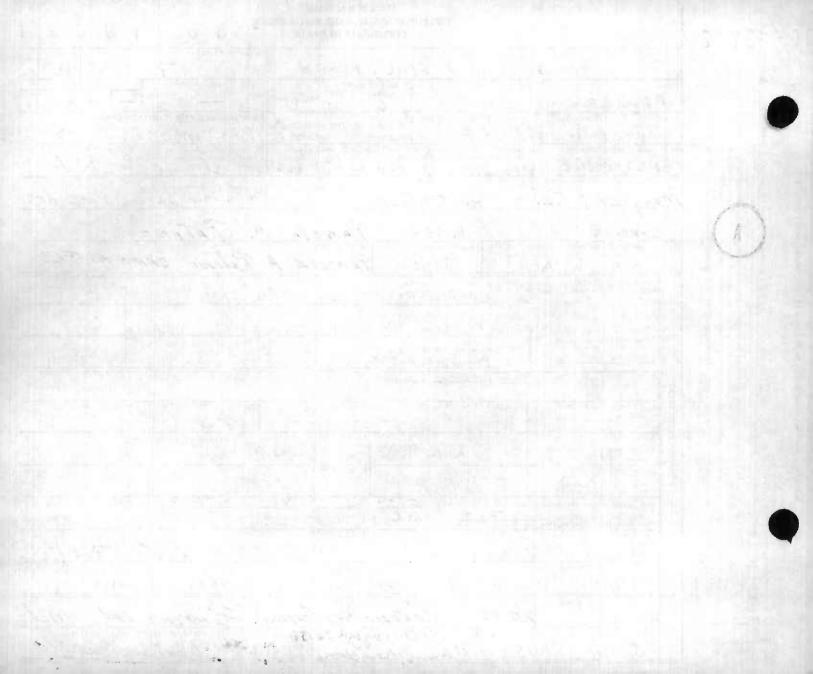
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STATE OF MARYLAND 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGINE CERTIFICATE OF DEATH

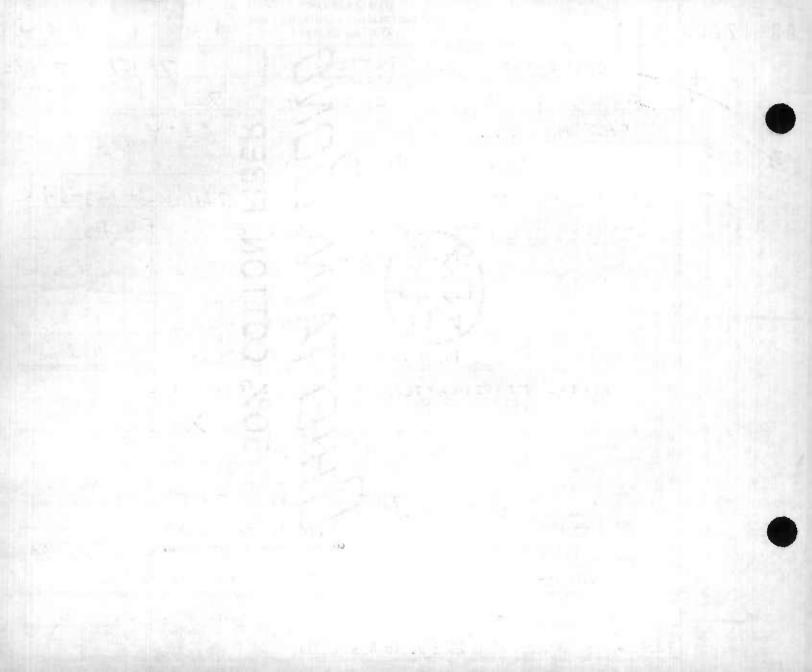
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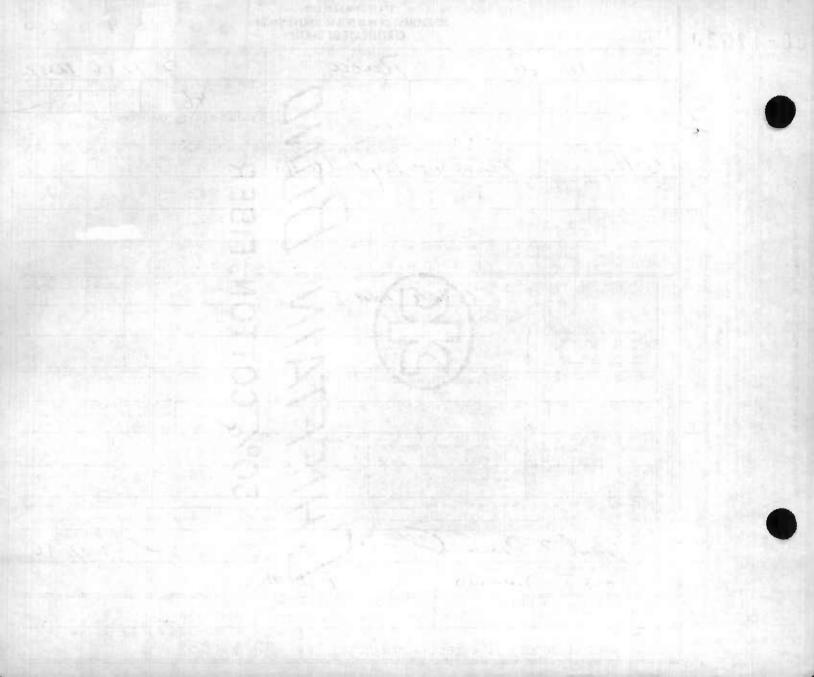


STATE OF MARYLAND



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		ITAL OR ATENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be	by the hospital or attending physician.	RAL DIRECTOR: After this certificate has been signed by the attending physician and comments tilled in by the funeral director, page 3	detached for use as the burial-transit permit. Then please remove carbonpapers. Page: Internal and within 72 hours after death

	1	FOR - STATE	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 6	9 8 2 6
-12530		REGISTRAR	MIDDLE	CERTIFICATE OF DEATH	REG NO.	
nay be page 3		DECEASED NAME FIRST PE OR PRINT) Pine		Powecc	20. DATE OF DEATH MONTH DA	2 86 12 CS PM
	L 3.	SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
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physicia npapers. maval.		PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), and ED BY: TE CAUSE (a)			BETWEEN ONSET AND DEATH
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an. has been prior ene prior any any	/ NOTA DISTRICT	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
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TENDING into at a other or use as the strength or use as the strength or use as the strength or the strength o		22a.1 certify that (I) (this hasp	ital) attended the deceased from	, 19, ond that in (my) (aur) apinion	, to	9, that (It (we) last
DIRECTOR AT DIRECTOR DEPT. OF AT IT		22b. SIGNATURE	of) view the body after death	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
O HOSPITAL efoined by the TO FUNERAL should be det with the Store MPORTANT:		274. PHYSICIAN'S NAME (TYPE O	OR PRINT)	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	1-12-86
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BP	13	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY CENMOUNT CEMETERY		COUNTY Md .
DHMH - 16 60M 7/84		FUNERAL DIRECTOR		25a DA	ATE REC'D. BY REGISTRAR 256. REGISTRA	
(VRA 15, 4)		March funeral Ho	mes 1101 East N	orth Avenue	AUL 1 0 1980	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

requires that the death certificate be

HOSPITAL OR ATTENDING

BP.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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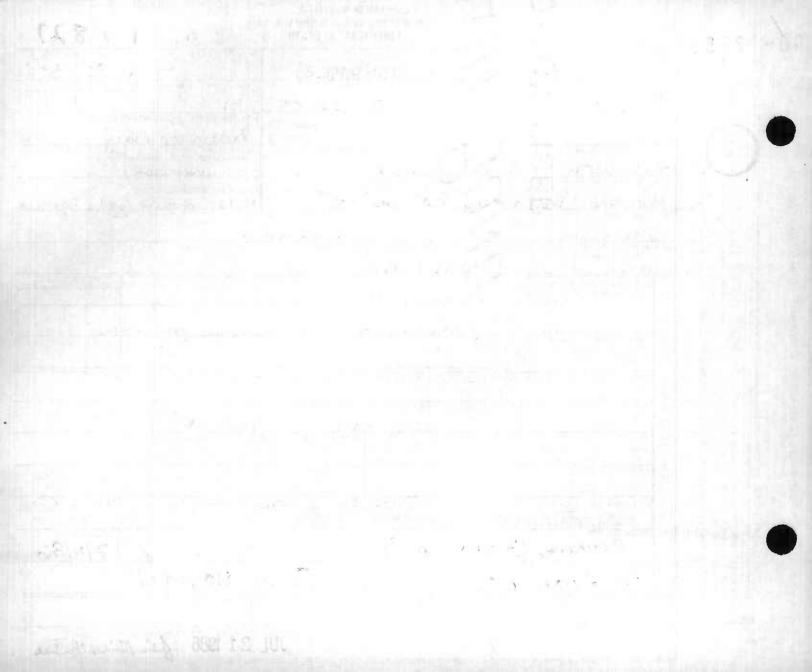
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				A CONSEQUENCE	OF					
		Canditians, if any, which	(Ib) OI	A CONSEQUENCE	edama	asplida	10-000 C	reuma	Não	
		gave rise to immediate cause (a), stating the	(8)		· cccora,	Poch	mond for	W WAS	1180	
		underlying couse last.	- /	A CONSEQUENCE	OF					
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ma.	RT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF IN		dicabe	THIRDY OCCUPAN	YES NO	YES		NO 🗌
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		R. KLLOVING	- CR. Kno	ox mo		ATTENDING	MEDICAL STAF		7/11	186
-		22d. PHYSICIAN'S NAME (TYPE			22e ADDRES		DIRECTOR PHISIC	AIVLY	1/11/	
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		SURIAL, CREMATION, REMOVA SPECIFY)	L 23b. DATE	ZJC NAM	E OF CEMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	24 5:	ALEGAL DIDECTOR				lar n	DECID BY DECISES : 2			
	24 Ft	INERAL DIRECTOR		ADDRESS		25a DATE	REC'D. BY REGISTRAR	ASS REGISTR		E

DHMH - 16 60M 7/84 (VRA 15, 4)

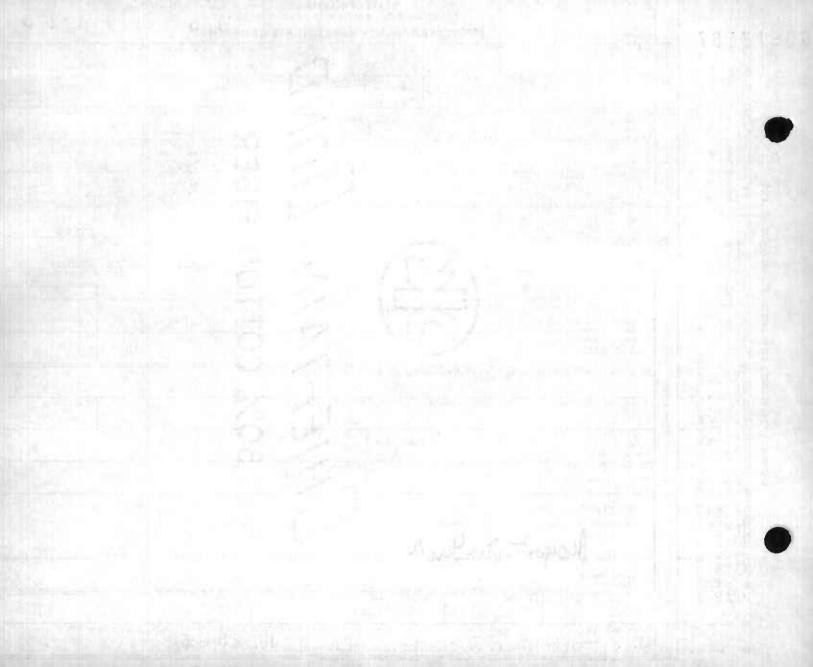
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

NAME

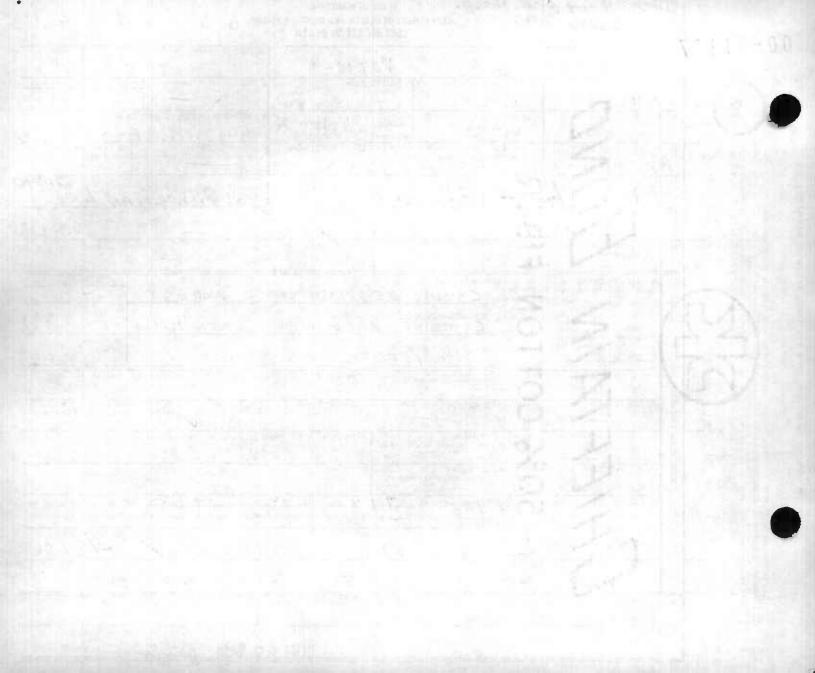
JUL 21 1986 Julia Devidon Rudale



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO I. DECEASED NAME A DATE KNOWN N MONTH (TYPE OR PRINT) ESTI-7-22-86,0 CHRISTOPHER PRICE DEATH MATED C. 3 SEX 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 2c. DATE YEAR LAST BIRTHDAY PRONOUNCED DEAD 29 29 56 7-22-8619 3.5Mr 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City DIVORCED WIDOWED [S.C. u.s.a. IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (JE NOT IN SUCH EACHLITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Francis Scott Key Med. Center Baltimore Beth-Steel Railroad USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 441 N. Lakewood Avenue Marylan d Baltimore YES 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Price Sarah Evans Henry 7. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 247382192 Nannie Price 441 N. Lakewood Avenue APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION USED / 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, E, WRITING THE WORL RWARDED TO THE CH PAGE 3 SHOULD BE U YESXS NO 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW IN JURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR LINDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION EXECUTE THE CONTROLL BE FORWARD PAGE 4 SHOULD BE FORWARD PRECTOR: PAGE 3 FOR PATER DEATH, WITH THE STATE DE RALLIMORE, MARYLAND, 21201 P AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Inquiry death resulted from: Hamicide Suicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNED_ 7-23-86 SIGNATURE M.D. Assistant MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St. Balto, Md. TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore COUNTY Mare. Birial 7/28/86 Baltimore 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 17 Wm.C. March F/H Inc. ADDRESS INOI E North Avenue JUI 25 (VR A15 ME (5))



	1	Tems 9-14 p	er Hosp.	STATE OF MARYLAND		0 0 0 0
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1 1 3/	16	ALTIMOREKI	(IF NOT IN SUCH FACILITY, GI		(TYPE OF WORK FOR MOST OF WORKING LIFE)	
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ysicia opers wal.		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (a)	, (b), ond (c),1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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tending physicion this certificate he the buriol-fronsit part Americal Hygien and Mentol Hygien ed or Item 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR 216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT OR PART 2)
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R ATTEN hospital RECTOR ned for u		sow the deceased olive on, above, (l) (we) (did) (did no	7/8	19 St. and that in (my) (our) opinion	deoth occurred on the date and hour	
0 0 0		THE SIGNATURE A	N	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
PITAL by th VERAL Stote ANT: I		274 PHYSICIAN'S NAME THIS	Kani	PHYSICIAN [DIRECTOR PHYSICIAN	18/8/81
FUN FUN PHOS		MARI	HARRI		TTINGHAM R	n
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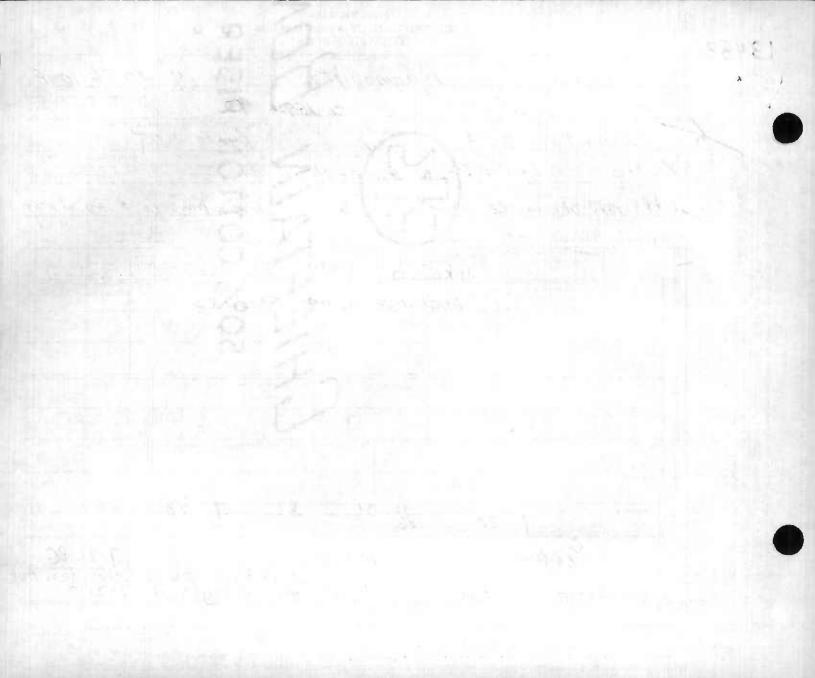


(VRA T5, 4)

STATE OF MARYLAND

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	1			STATE OF MARYLAND		1 0 0 7 1			
	1	FOR	- STATE DEFARIMENT OF BEALTH AND MENTAL HIGHERE						
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		DECEASED NAME FIRST	MIDDLE LAST		20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
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The state of		Rebec		261100112	/ -	20 86 10 PM			
6 93	1.	SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
1 68	7	1	W	MONTH DAY 1894	1 92. YRS.	MONTHS DATS HOURS MIN.			
2 41 7	115	SHRTTPLACE ENGINEERINGS	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	Y OF DEATH			
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	1	+ 3/3401	USA	WIDOWED DIVORCED	parec. Cour	1 MD.			
1-31.6	011	CITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITU		126 USUAL OCCUPATION	12b, KIND OF BUSINESS OR			
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1 10-11	-1"	FATHER'S NAME	MIDDLE LAST FIRST		MIDDLE				
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3	144	WAS DECEASED EVER IN U.S. AR		RILY NO 17 INFORMANT .	ADDRESS	E TROUTES			
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4 6 5	-		UNICHAU	CXA CITTLE	2502 FARRINGDON				
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4 400	1	underlying couse lost	((c)						
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1 11117	CERTIFICATION	196 DATE OF OPERATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION			S, WERE FINDINGS USED			
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医肾 報道 医基	2	77 SIGNATURE		DEGREE		22c. DATE SIGNED			
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6.5.5.5.5.6	23	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION	201112			
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76/01	24	FUNERAL DIRECTOR SOL	LEVINSON & BROS.	25a DA	TE REC'D. BY REGISTRAR 25b. REGIS				
DHMH - 16 60M 7/B4		6010 REISTERSTO	WN RD. BALTO M		11 0 5 1006 June				
(VRA 15, 4)		10101010		(222)	1 30 BOO	11 .			



	1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 1 9 8 3 2					
0-12476		- STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.				
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he k on. hos t per ene	7				YES NO	IN CERTIFYING CAUSES OF DEATH	
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SKIA og ph certifi riol-tr	4	OR CONTRIBUTING CAUSE OF DEA		19			
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Aft Aft More		22a. I certify that (I) (this hospit	of) offended the deceased f	rom (0/7.2 19.8)	10 7/6	19.8 (a. that (1) (w	ve) lost
TENDI ortol or TOR: A or use of Heol		sow the deceased alive an above, (1) (we) (did) (did not	7/4/86		death occurred on the d	ote and hour and from the causes sto	oted
hosp hosp hed frem frem frem		22b SIGNATURE	New the body after death	. DEGREE		224. DATE SIGNED	
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HOSPITAL ned by th FUNERAL JIG be det the Stote		224. PHYSICIAN'S NAME (TYPE OF	PRINT)	22e. ADDRESS	DIRECTOR DIFFITS	INITED TO	9
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sho to sho	7	Ba. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	-7001 0710	
BP	ľ	(SPECIFY) Cremation	7/14/1986	Green Mount Cremato	CITY OR TOWN	re, Maryland 2120	ATE 1
	2	FUNERAL DIRECTOR	1/ 14/ 1300		4	REGISTRAR'S SIGNATURE	
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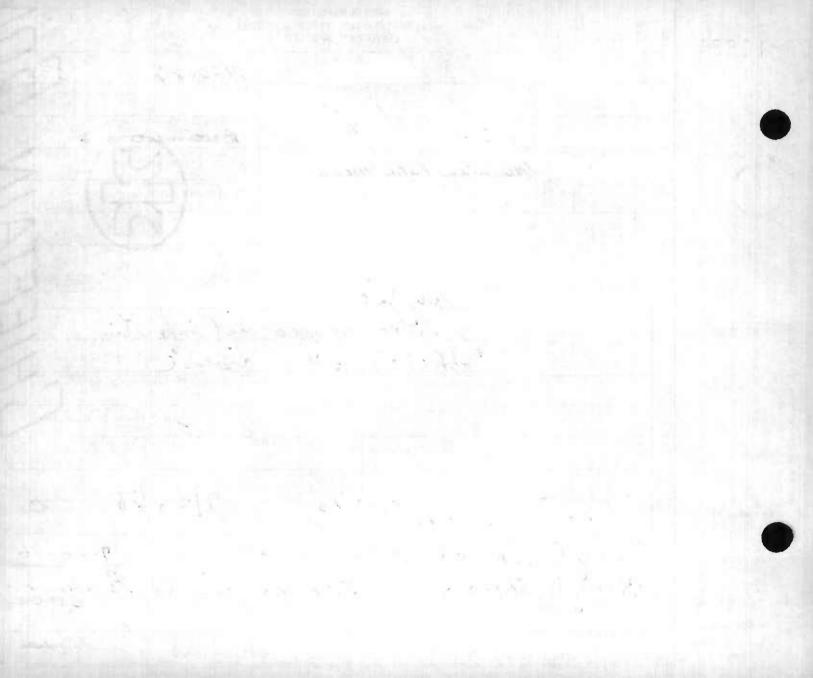


STATE OF MARYLAND

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ч		REGISTRAR				CERTIF	ICATE OF L	EAIH	REG. NO.			
		CEASED NAME	FIRST	٨	AIDDLE	i	AST		20. DATE OF DEATH	ONTH DAY	YEAR	26 HOUR
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		FEMALE		1	WHITE	MONTH 1	31	08	78	YRS	DAYS	HOURS MIN.
1		RTHPLACE STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	D NEVER	MARRIED T	9 BALTIMORE CITY OR	COUNTY OF D	EATH	Further the
2	M	ARYLAND		U.S		WIDOWE	D DI	VORCED [Baltem	are &	2	MD.
2	A	TY OR TOWN OF DE. altimoré	ATH		H FACILITY, GIVE	1 -	DROTHER INST		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF V Homemaker		DUSTRY	F BUSINESS OR
1	USUA	AL RESIDENCE (IF NUR		OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)						
5		Maryland	Balt	imore	13c. CITY OR WOO C	dlawn	13d INSIDE C	NO 🔀	13e.STREET ADDRESS / 2 6415 Gilmor		et 2	1207
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20	/	Preslev	7			uahes	E	lizabet				iller
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMA		ADDRES:	5		
		NO	ţir (£3, G)	t war on Dates)	212-0	9-1274	Paul	J. Arno	ld 2822 Flor			1227
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d			IMMEDIA	TE CAUSE (0)	1.00	1100			. /	,		
		Conditions, if ony		1	RASACON	Hiller Cor	My	ma	Seal into	1.0:		
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7	CERTIFICATION	90 DATE OF OPERA	TION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	206. IF YES, WER		
4	TIFE								YES NO	TO CERTIFYING YES	CAUSES	NO [
	III. TO THE	21a. ACCIDENT WAS UN	_	110110 4		DAY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 O	R PART 2)	
1	CAL	LIFEITHER NOTIFY MED	CAL EXAMINE	P.I		19						
	MEDICAL	214 INJURY OCCUR		21e PLACE (FFICE, FARM, ETC	ZII LOCATIO	ON	CITY OF TOWN	٧	OUNTY	STATE
8		AT WO	DRX			12/2	6/86		7/2	186		
		224 1 certify that III	ra plive on		26/8	6	ad the in the	_, 19 (aur) opinion o	death accurred an the date	e and hour and	from the	causes stated
H		above, (1) (www.)	dial (did no	t) view the body	after death	77-11	DEGREE				22c DATE	
		Jenny	V.	Spa	bek	M.D		ATTENDING PHYSICIAN	MEDICAL STAFF	N .	7-2	6-86
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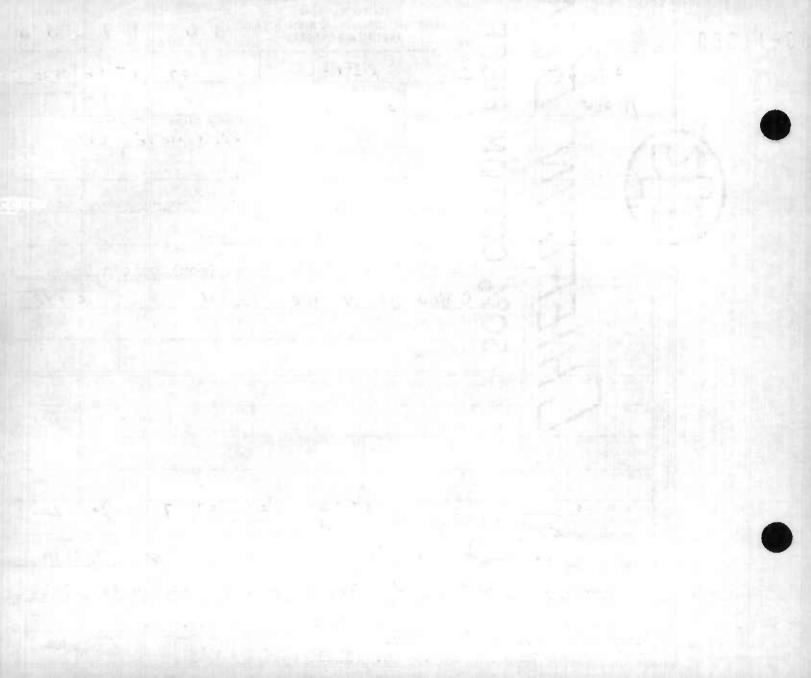
DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN M MONTH 76 HOUR (TYPE OR PRINT) OF ESTI-William John Ranagan 16/19 86 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3. SEX 2d HOUR DATE 1:19 LAST BIRTHDAY) PRONOUNCED DEAD 16/19 86 PM Male White 66 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Baltimore City New York CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Driver 402 Welden Place Construct. Baltimore WAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Balto NO [1402 Weldon Place Md FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST FIRST William Ranagan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Capel Dr. 8354 IYES, NO, OR UNKNOWN) Mr. John Ranagan III Pasadena, Md. WWII 112-10-4169 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot Wound of Head IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 USED AS A E OF HEALTH JRIAL, CREW CERTIFICATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE. WRITING THE WORD."FER PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEA BALTMORE, MARYLAND, 21201 PRIOR TO BURLL, C 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TO 7/ 15/19 CONTRIBUTING CAUSE OF DEATH self inflicted wound 218 PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK home 1402 Welden Place, Baltimore City, Md. 220 I certify that I taak charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Suicide " Hamicide Undetermined manner death resulted from: Natural couses Accident TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7/17/86 SIGNATURE. EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATOR) 23d. LOCATION COUNTY STATE Removal 1-17-86 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Titha Daydoon Balto., Md. Anatomy Board (VR ATS ME (S))

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DH.	MH - 16 60M	7/84	24 F	Schillichiek Fur	neral Home	Inc.	25a DA	REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIGNA	TURE
	(VRA 15, 4)			3331 Brehms I	Lane, Balt	o., Md.	21213 JUL	8 1986	war with the same	and the same



Gaithersburg, Md. 20877

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(VRA 15, 4)

STATE OF MARYLAND

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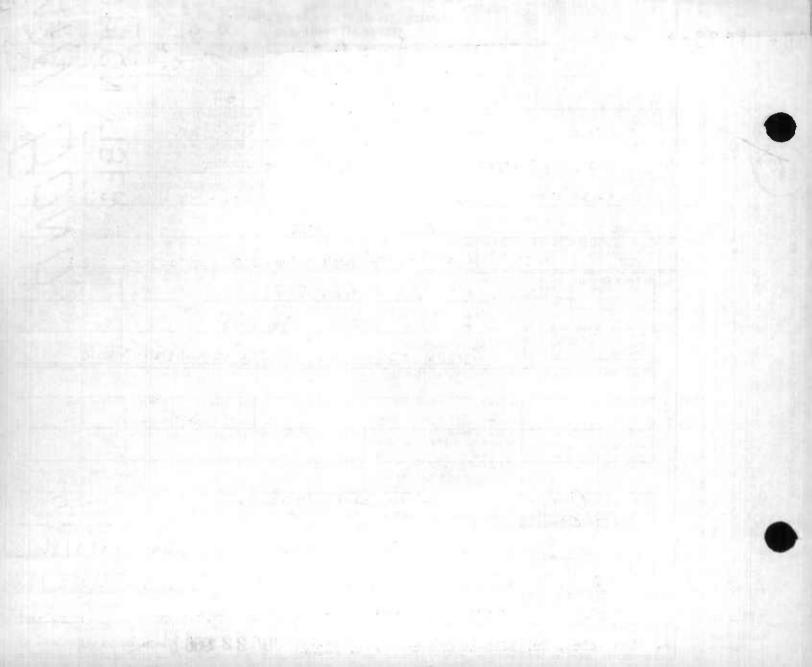
Alan Seitz, Jr. 3615-19 Chestnut Ave. 21211

STATE OF MARYLAND

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

runa Daydoon-Handala

DHMH - 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR



	T	tems 11-13			OF MARYLAN.			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR ING PHYSICIAN: The low requires that the death certificate be writtending physicion. The certificate has been signed by the attending physician and os the buriol-transit permit. Then please remave carbon papers. Pages the ond Mental Hygiene prior to buriol, cremation, or remaval. orked or them 18 shows any injury, or other troumotic event, the medic		PART I. DEATH WAS CAUSED IMMEDIATE		PURAT	ORY FA.	TLURE	30 n	remite
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DIVISION OF DING PHYSICIA or afterding p After this certif e os the buriol- aith and Menta marked or frem	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, C	OFFICE FARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
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FOR

REGISTRAR

- STATE

(VRA 15, 4)

(TYPE OF WORK FOR MOST OF WORKING LIFE) ARSENAL SAFETY ENGINEER 13. STREET ADDRESS / ZIP CODE MARYLAND 21209 1415 GARDMAN AVE. BALTIMORE FISHER 1415 AGARDMAN AVENUE BALTIMORE, MARYLAND 21209 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN SINAI HOSPITAL BALTIMORE, MARYLAND 8/2/1986 ARBUTUS MEMORIAL PARK BURIAL 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE "NUTTER & SONS FUNERAL HOME, INC. DHMH - 16 60M 7/84 in more more and his lighter 2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

86 IF UNDER 1 YEAR

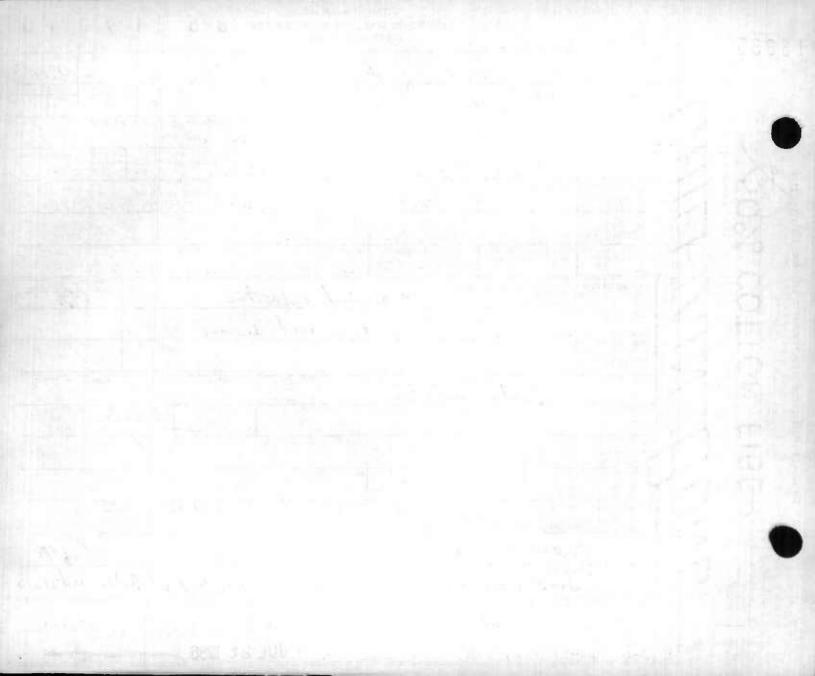
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xecul ger	dico		VAS DECEASED EVER IN	U.S. ARMED FO		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		V 2 - 12
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a F	s <u>s</u>		URIAL, CREMATION, REA	AOVAL 23b. [DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATIO	N	COUNTY	STATE
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				STATE OF MARYLAND		416 A 5 1
	1.	FOR STATE	DEPARTN	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 6	934
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0.00	1.58		RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
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81 4	79.4	THE ACE (STATE OR FOREIGN 78	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
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Jean 1		VAS DECEASED EVER IN U.S. ARM ES NOORUNKNOWN) (IF YES GIVE Y	ED FORCES? 166 SOCIAL SECU	4	ADDRESS	, D ,
100		NO -	212-14-0	430 Lawrence	Keed 5/01	TimbicoRe
2"		18 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and	d (c .)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1	PART I. DEATH WAS CAUSED	20 (-2	ATIC CARCINOMA		YEARS
ě.	1	IMMEDIATE				19.1100
D.		Condition of the	DUE TO, OR AS A CONSEQUE	NCE OF		
tro.		Canditians, if any, which gave rise to immediate	(b)		- H	
Pier		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF		
010			(c)			1
dinny.	z	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	N IN PART 11a
17	IFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED
1	4 #		Elizabeth King		YES NO YES	YING CAUSES OF DEATH?
8	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	
	10.000	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR I		
1/1	4	THE EXTURN MODERN MEDICAL EXAMINED.				
19	DICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
med or life	MEDICAL	21d. INJURY OCCURRED		19 211 LOCATION	CITY OR TOWN	COUNTY STATE
norked or Hem	MEDICAL	21d. INJURY OCCURRED NOT WHILE AL WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	19 211 LOCATION STREET		9/2
a morked or Nem	MEDICAL	21d. INJURY OCCURRED NOT WHILE AL WORK 22a.1 certify that (I) (this haspita	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	19 211 LOCATION STREET	9/10	19.86. that (I) (we) last
m 2.1 o, morned or Nem	MEDICAL	21d. INJURY OCCURRED NOT WHITE AT WORK 220. I certify that (1) (this haspita saw the deceased alive an abave, (1) (we) (did) (did not	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	19 211 LOCATION STREET 7/4 19-80 and that in (my) (aur) apinian	9/10	ng that (h (we) last and from the causes stated
Them 21 is morked or Nem 1	MEDICAL	21d. INJURY OCCURRED WILL NOT WHILE AT WORK 220.1 certify that (1) (this haspital saw the deceased alive an	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	19 211 LOCATION STREET 7 9 10 80 19	e to	19 80, that (h (we) last and from the causes stated
If, If them 23 is morked or them 3	MEDICAL	21d. INJURY OCCURRED NOT WHITE AT WORK 220. I certify that (1) (this haspita saw the deceased alive an abave, (1) (we) (did) (did not	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	19 211 LOCATION STREET 7/4 19-80 and that in (my) (aur) apinian	9/10	ng that (h (we) last and from the causes stated
SANT If them 21 is marked or flem 1	MEDICAL	21d. INJURY OCCURRED NOT WHITE AT WORK 220. I certify that (1) (this haspita saw the deceased alive an abave, (1) (we) (did) (did not	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F. 1) attended the deceased fram 19 view the bady after death.	19 211 LOCATION STREET 7 9 , 19 80 and that in (my) (aur) apinian DEGREE ATTENDING	death accurred an the date and have	19_86, that (i) (we) last and from the causes stated 22c. DATE SIGNED 7/10/86
APORTANT: If them 21 is morked or flem 1	MEDICAL	21d. INJURY OCCURRED NOT WHITE AT WORK 22a. I certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did) (did nat) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR A)	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F. 1) attended the deceased fram 19 view the bady after death.	19 211 LOCATION STREET 77 9 , 19 86 and that in (my1 (aur) apinian DEGREE ATTENDING PHYSICIAN [22e ADDRESS	death accurred an the date and haur MEDICAL STAFF DIRECTOR PHYSICIAN	19_86, that (i) (we) last and from the causes stated 22c. DATE SIGNED 7/10/86
IMPORTANT: If hem 21 is morked or light	230 1	21d. INJURY OCCURRED 120. I certify that (I) (this haspital saw the deceased alive and above, (I) (we) (did) (did not) 121b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE OR) DOWNA L. P. URIAL CREMATION PERMOVAL	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F. 1) attended the deceased fram 710 19 view the body after death. PHILLEPS 236 DATE 236 DATE 236 DATE 236 DATE 236 DATE 236 DATE	19 211 LOCATION STREET 77 9 , 19 86 and that in (my1 (aur) apinian DEGREE ATTENDING PHYSICIAN [22e ADDRESS	death accurred an the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN FOR THE MEDICAL HOSPIN	19_86, that (i) (we) last and from the causes stated 22c. DATE SIGNED 7/10/86
With the State Dept. of Meaths and Mentol (MPORTANT) if them 21 is morked or them 1	230 1	21d. INJURY OCCURRED SOUR	P.M. 21e PLACE OF INJURY (ATHOME STREET, FACTORY, OFFICE, F. 1) attended the deceased fram 7/10 19 View the body after death. PHILLEPS	19 211 LOCATION STREET 7 9 , 19 80 8 . and that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN [27e ADDRESS 301 57 DAME OF CEMETERY OR CREMATORY ALTERNATORY ALTERNAT	MEDICAL STAFF DIRECTOR PHYSICIAN PROLPL BR	19_86, that (i) (we) last and from the causes stated 22c. DATE SIGNED 7/10/86 TEMD: 21202
IMPORTANT If them 21 is marked or filem.	230 I	21d. INJURY OCCURRED 120. I certify that (I) (this haspital saw the deceased alive and above, (I) (we) (did) (did not) 121b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE OR) DOWNA L. P. URIAL CREMATION PERMOVAL	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F 1) attended the deceased fram 19 view the bady after death. PHILLIPS 23b DATE 7-14-86	19 211 LOCATION STREET 7 9 , 19 80 8 . and that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN [27e ADDRESS 301 57 DAME OF CEMETERY OR CREMATORY ALTERNATORY ALTERNAT	MEDICAL STAFF DIRECTOR PHYSICIAN POPULPL BR	19 86, that (h) (we) last and from the causes stated 120. DATE SIGNED 7/10/86 TL TIMD: 21202 COUNTY STATE CAR'S SIGNATURE

AND EXPLICIT STAME SCRIE STOUME TO SOR THE RESTORAGE THIS OFFI

7-9-86

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

FOR

1. DECEASED NAME

REGISTRAR

- STATE

Wm. C. March F/H Inc. 1101 East North Ave

Mem. Pk.

Arbutus

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

IF UNDER I YEAR

INDUSTRY

IF UNDER 24 HRS

21217

STATE

Mary land

Barnes

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

5mins

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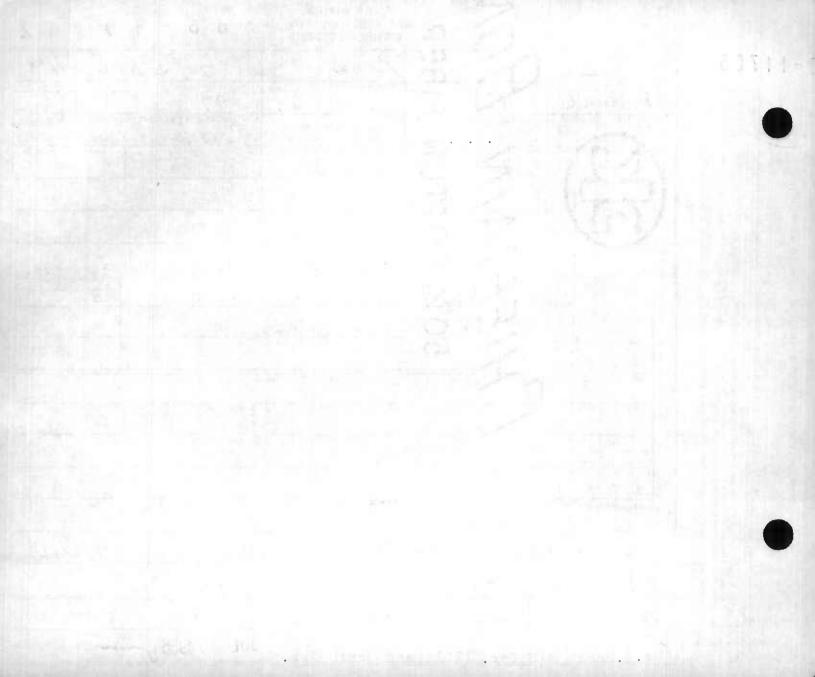
20 DATE OF DEATH

250. DATE RECID. BY REGISTRAR 256 REGISTRAR'S SIGNATURE me and does - printing

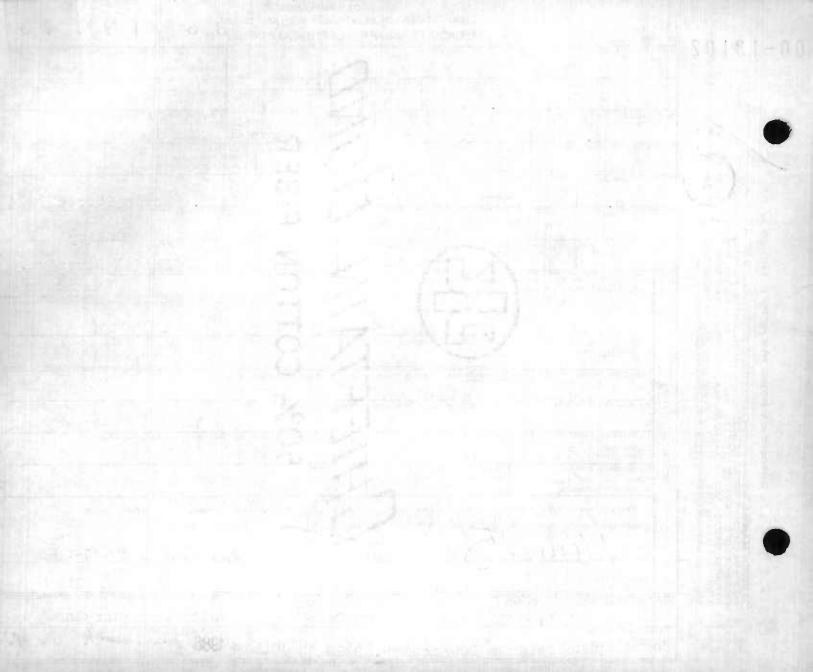
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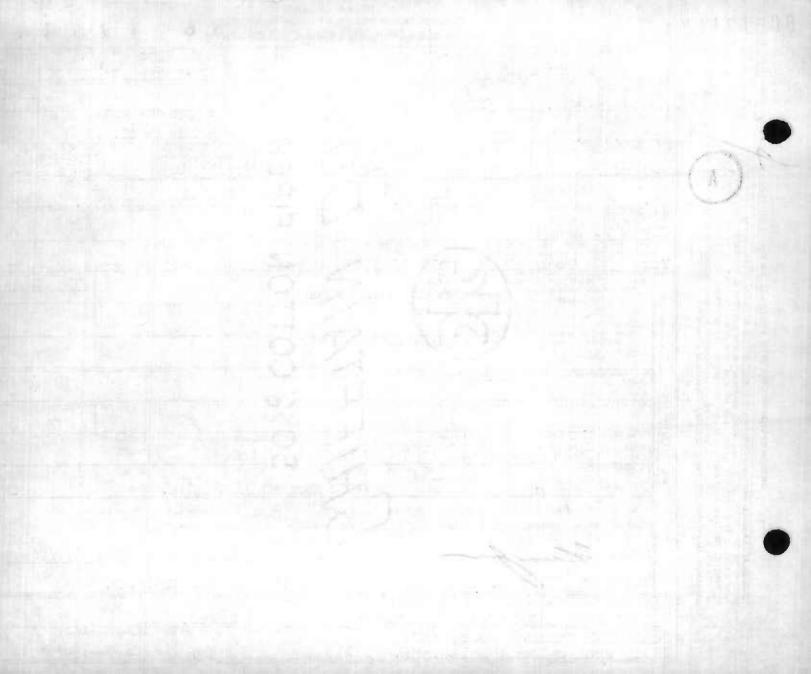
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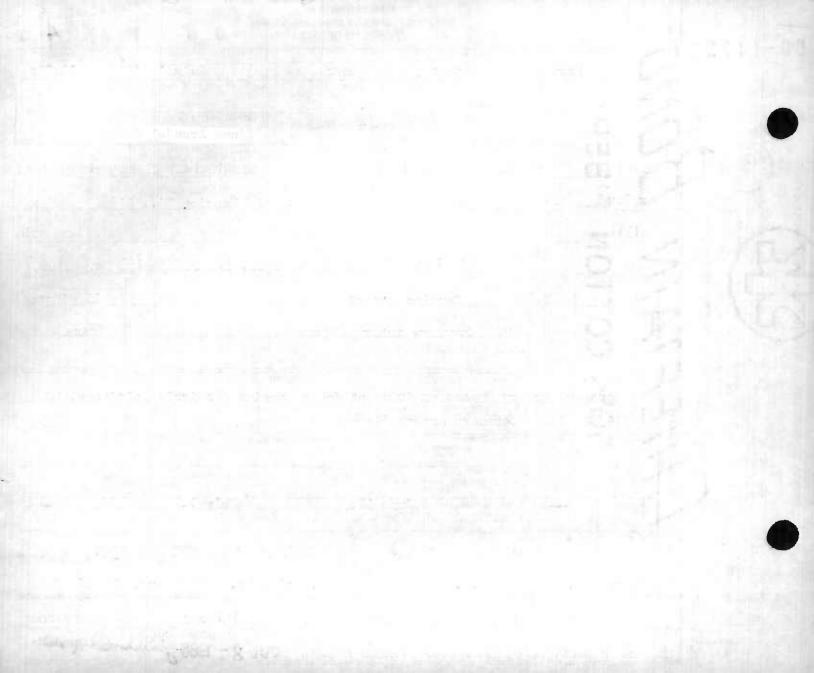
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	AND SECTION		Va		USA		WIDOW	ED LA DIVOR	CED D E	Baltimor	e City	7,		MD.
-	A WHEN	III CI	TY OR TOWN O		11. NAME OF HOS	PITAL, NURSING HO		ER INSTITUTION	120 USUAL	OCCUPATION (126 KIND	OF BUSIN	IESS
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30	DANA				(c)								133	
SOS SOS	WAR BEAR		PART 2 OTHER SIGN	HEICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TO	ERMINAL DISEAS	OR CONDITION GIVEN IN P	ART 1 (a)					
8	BE EXECU- INDING" I WEDICAL E AS A BURI ALTH AND CREWATIO	O.	Y	Post nec	crotic Ci	rrhosis								
DIVISION OF VITAL RECORDS	48 CH	CERTIFICATION	196. DATE OF C	PERATION	19b. CONDI	TION FOR WHICH OP	ERATION W	'AS PERFORMED?			1.4	20 AUT	OPSY?	
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7		E C	210 EXTERNAL		21b. TIME OF	FINJURY A. MONTH DAY YE	21c. HC	OW INJURY OCCURR	ED LENTER NATUL	RE OF INJURY IN ITEM	18 PART 1 OR PA	RT 2)	180	
NO	NG THE W NG THE W ND TO THE SHOULD BEPARTMEN	3	UNDERLYING CONTRIBUTING	G CAUSE OF D			AK							
/ISIO	CERTIFIC MITING TH DED TO E 3 SHOU DEPARTA	MEDICAL	21d. INJURY OC	CURRED		OF INJURY (AT HOME,		CATION						
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	E, WRIT RWARDI PAGE; STATE 7, 21201								173				100	
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2	7.0	220 I certify	that I took charge	e of the remain des	scribed obove, held an	Autop			iquiry L.	ond in my of	noinic		
	AN HERE	1	death resulting	from Noture	ol couses A	Accident .	Suicide	. Homicide.	Undetermi	ned manner	١.			
	A VEGET		ACTUAL /	Mani	MAN	140/	Ali	TITLE (SPECIFY)			DATE	7 1	0 00	
	SHE STER		SIGNATURE	evila	AC (V)	124111	<u>uuq</u> m	D. Assistan	MEDICAL	EXAMINER	SIGNE	7-18	3-86	
	WO S DE	-	EXAMINER'S N	AME DO	nnic E	SMyth, M.D.		ADDRESS 111 F	onn Ct	Do 1+c	5M	21	201	
	A FIEL PAGE		(TYPE OR PRIN). , Ma.	. 21.	201	
	- mg- F- 4 mg	230.BI	PECIFY	ON, REMOVAL 23		23c NAME OF C			23d LOCAT		COU	NIY T	STATE	
07/B4 25M	BP	24 51	Bur INERAL DIRECT	ial	7/21/86	Oak L	awn (Cemetery		ltimor	е ма	ryla	па	
23741	DHMH - 17	Co	NAME 11-	T	ADDRESS	00MaceAve	1 300	250. DATE	2 2 10	B6 256 RE	SISIRAR'S S	IGNATURE.	Edition In	
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STATE OF MARYLAND 00-12142 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR REG NO DECEASED NAME 20. DATE KNOWNXX (TYPE OR PRINT) OF ESTI-Kennet:h W Reedv 4 RACE IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 12:46 7 1086 DEAD Male Cauc. 10/26/61 24 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 7g. BIRTHPLACE (STATE O MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City, WIDOWED [DIVORCED Balto., Md. IISA IN CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FNOT IN SUCH FACILITY, GIVE STREET ADDRESS)
4938 Aberdeen Avenue Maryland Baltimore Mechanic Cup USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) MD, 21201 30 STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Balto. 4938 Aberdeen Ave. YES X 21206 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Clyde V. Reedv Betty L. Hale **DIVISION OF** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS Peacetime 219-86-1501 Yes Clyde Reedy (father) same address TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR: EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 11EM 18. 'PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. AFTER DEATH, WITH HE STATE DEPARTMENT OF HEALTH AND MENTAL HYCIENE, DI BAJILIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Gunshot wound of head IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I 10: 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [X NO T 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING X OR YEAR 12:30xx self inflicted 86 CONTRIBUTING CAUSE OF DEATH / 19 21e PLACE OF INJURY (AT HOME. 21 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE WHILE NOT WHILE home 4938 Aberdeen Ave, Balto. MD 22a I certify that I took charge of the remains described above, held an and in my apinion Inquiry Suicide X death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) Mn Assistant DATE 7/7/86 MEDICAL EXAMINER EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230.BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Balto., Md. Burial Parkwood 7/11/86 07/8425M Schamunek Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Brehms Lane, Balto., Md. 21213 whia Davidson



	1-	FOR STATE REGISTRAR			DEPAR	RTMENT OF H	E OF MARYL EALTH AND ICATE OF I	MENTAL HYG	IENE 8	6	1	9	3 4 5
1238		CEASED NAME	FIRST	,	MIDDLE		AS1	10.	20 DATE OF D	EATH M	ONTH DAY	YEAR	26. HOUR
2.5	(TYPE	OR PRINT)	Mary		Elaner		Reger			July	1, 19	86	12:30a _M
0.0	3. SE		1	RACE		5. DATE O	F BIRTH		6 AGE (IN YEAR			UNDER I YEAR	IF UNDER 24 HRS
	5	Female	19	Whit	e	No	v. 24,	1923	62		YRS	IHS DAYS	HOURS MIN.
345	1	RTHPLACE (STATE OR OUNTRY) Aryland	FOREIGN 7	U.S.A	WHAT COUNTR	Y? 8.	NEVER	MARRIED	9 BALTIMORE Balti			DEATH	
JA		TY OR TOWN OF DEA	ATH 1	1. NAME OF H	HOSPITAL, NURS HEACHITY, GIVE STR	SING HOME (12a USUAL OC	CUPATIO OR MOST OF V	N WORKING LIFE)	INDUSTRY	F BUSINESS OR FORM Rent
35	1	I RESIDENCE (IF NUR. TATE	13 COUNT A.A.			ORE ADMISSION)	13d. INSIDE O	NO X	13e STREET AD	DRESS / 2	ZIP CODE		
120	7	William	M	IDDLE	Anze		15. MOTHER	'S MAIDEN NA/ FIRST May		MIDDLE		LAS	McDonald
2		AS DECEASED EVER ES NO OR UNKNOWN!		NED FORCES? WAR OR DATES)	218-14		Joseph		ger, Sr.	ADDRESS		n Rd.	21090
event, 198	1	18 CAUSE OF DEAT PART I. DEATH W		one cause per 8Y: CAUSE (a)	line for (o), (b), Cardi	ondici						BETWEEN	minutes
ound cremation o		Conditions, if any gave rise to im- cause (a), statu- underlying couse	mediate ng the last.	(b)	Corona: R AS A CONSEG	ry arte			INAL DISEASE (OR CONDI	TION GIVEN	yea	
and	CERTIFICATION	Coron 19a DATE OF OPERA 6/19/86			pass gr			hns Hop		spita	1. Bal 206. IF YES, W IN CERTIFYIN YES [IG CAUSES	e MD NGS USED OF DEATH? NO 13
Target Hygin	A	210, ACCIDENT WAS UNIT	CAUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21c. HOW IN	NJURY OCCURE	RED (ENTER NATUR		-		NO DX
shed or a	MEDIC	216 INJURY OCCUR	HILF []	21e PLACE (OF INJURY EET, FACTORY, OFFICE	CE, FARM ETC)	211 LOCATION STREET			CITY OR TOWN	4	COUNTY	STATE
21 10 mg	1	220.1 certify that (1) saw the decease above, (1) (we) (a	ed alive an	June 2	7. 10	June 86	18. Id that in (my)	19 <u>86</u>	to July		and hour ar		that (I) (we) last couses stated
Stote Cep		224 SIGNATURE 224 PHYSICIAN'S	18.	Dark	w K	10-	DEGREE		MEDICAL DIRECTOR	STAFF	W []	JULY	1,1986
1 m m			4.1	dner, N	1.D.				e St., 1	Balti	more.	MD 2	1205
A PONT		URIAL, CREMATION,		236. DATE									

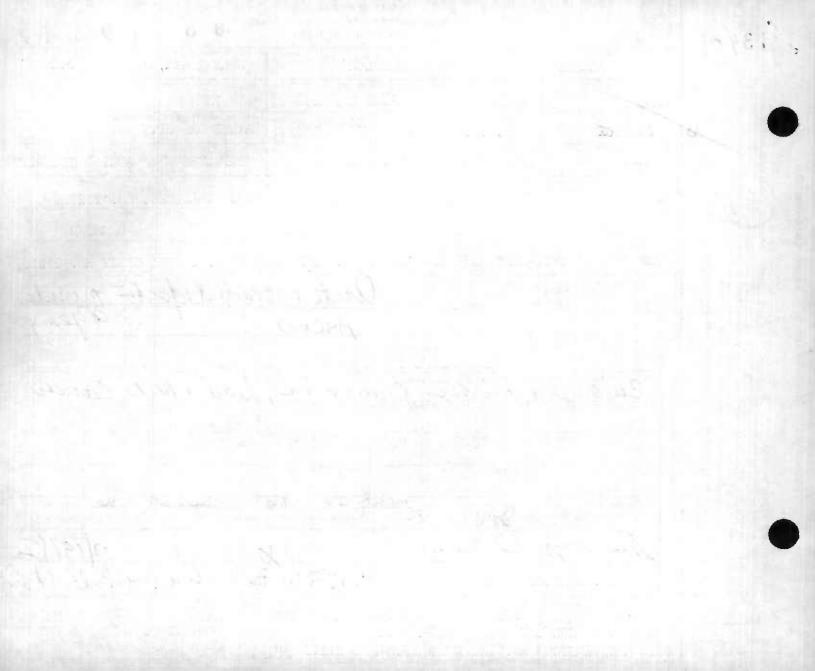


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 20. DATE KNOWN A MONTH (TYPE OR PRINT) OF ESTI-Anton Wolfgang Reiser 1 19 86 4 RACE AGE (IN YEARS | IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHOAY) PRONOUNCED 9:32E Male White 10 DEAD YRS 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Germany Germany WIDOWED | DIVORCED Baltimore City. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore South Baltimore General Hospital Mechanic Automobile UAL RESIDENCE HE IN NOT THE RESIDENCE BEFORE AGMISSIONAL 36 COUNTY 13c CITY OR TOWN 13d INSIDECITY LIMITS? 13e. STREET ADDRESS Maryland Glen Burnie 59 Pt Pleasant Dr. 21061 NON 14) FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Kalender Anton Reiser Brunhilde 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. Linthieum. Md 21090 (YES, NO, OR UNKNOWN) 214-82-7502 320 Double Eagle Drive No Karl L. Reiser 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY-Stab wounds of neck IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUETO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR MONTH DAY YEAR UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH 1 19 86 Subject stabbed 214 INJURY OCCURRED 21e PLACE OF INJURY 211, LOCATION AT WORK AT WORK building 127 Warwickshire Lane, GlenBurnie, A.A.CO., MD 22a. I certify that I taak charge of the remains described above, held an Inspection Inquiry ! and in my apinian Homicide X Natural causes Accident Undetermined manner TITLE (SPECIFY) Assistant_MEDICAL EXAMINER 7/2/86 EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto, MD 230 BURIAL CREMATION, REMOVAL 236 DATE, (SPECIFY) RUPIAL 7/5/86 23c. NAME OF CEMETERY OR CREMATORY 236. LOCATION STATE Holy Cross Cemetery Baltimore Md 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE. 4002 Ritchie Hgwy Balto Md **DHMH - 17** Aulia Druggson-17 George J. Gonce (VR A15 ME (5)) 20M 4/B2

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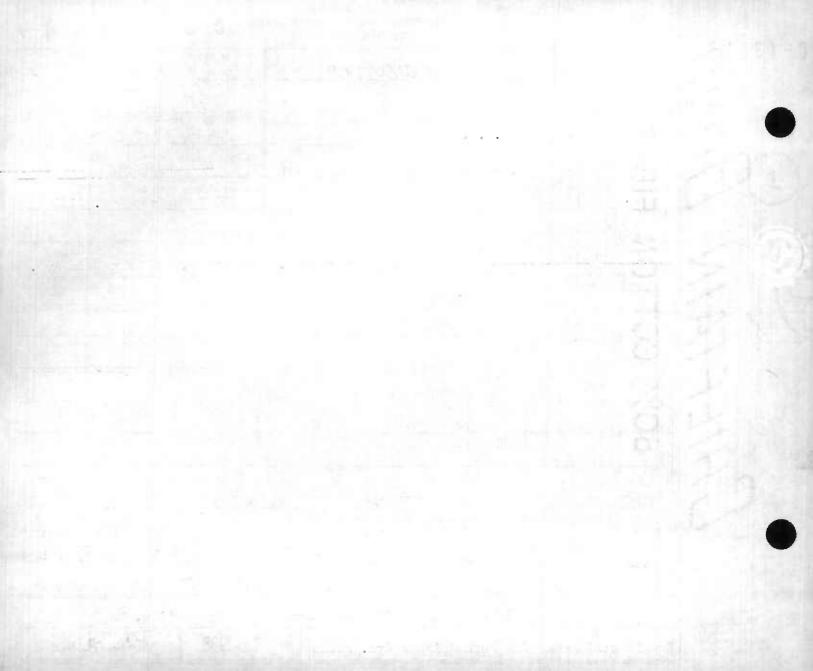
13481	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	IENE 8 6	19	8 4 7
oge 3 deorth C		CEASED NAME FIRST ALBERT		WIDOLE	RESN	ECK	JULY 19,		9:20 A
ge 4 moy	3. SE.	X	4. RACE WHITE		S. DATE O	E 29°, 191°5°	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YE MONTHS DA	
eath Pag		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D XXNEVER MARRIED DIVORCED D	BALTIMORE CITY OF BALTIMORE		MD.
ofter d	10 C	BALTO		HOSPITAL, NURSIN		21215	120 USUAL OCCUPATIO		OF BUSINESS OR
1136	13a M	AL RESIDENCE (IF NURSING HOM STATE 136 CS		GIVE RESIDENCE BEFORE THE BALTO			13. STREET ADDRESS / 6903 FIELDO	ZIP CODE CREST RD. 2	21215
eville ox	14 FA	ATHER'S NAME ZISSU	MIDDLE	RESNEC		IS MOTHER'S MAIDEN NAM	MIODLE		NÔWN
cote be executed by siction and opers. Pages I wol.	160 V	YES OR UNKNOWN) ("W	ARMED FORCES?	360-03-4		MRS. LILY RES	SNECK 6903 I		RD. 21215
: the derivation in		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL	only one cause per JSED BY IATE CAUSE (a)	r line for ia), (b), an	d (c)	acute myo	Cardial w	forte 7	ROXIMATE INTERVAL EN ONSET AND DEATH
ot the death ce by the ottending se remove corb c remation, or r		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)_	OR AS A CONSEQUI		ASCNO	/	9	years
NG PHYSICIAN: The low requires that the death cert attending physician. Iter this certificate has been signed by the ottending as the burial-transit permit. Then please remove corbon th and Mental Hygiene prior to burial, cremation, or resorbed at Item 18 shows any injury, or other traumatic examples.	CERTIFICATION	PART 2 OTHER SIGNIFICANT CHURCH 190 DATE OF OPERATION	asper	alion	Rev	NOT RELATED TO THE TERM LIMBULA N WAS PERFORMED	100 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	anch,
PHYSICIAN: The ending physicio this certificate the buriol-transit and Mentol Hygie dar Item 18 sho	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE LITHER NOTIFY MEDICAL EXAM	DEATH HOUR A		AY YEAR 19	211 LOCATION STREET		Y IN ITEM 18 PART I OR PART	2)
OR ATTENDING e hospital or att DIRECTOR after taked for use as th Dept at Health or		WHIE NOT WHIE ALVORE 220.1 certify that (1) (this has sow the deceased alive above. (1) (we). (did). (did). 220. SIGNATURE	on Out	117 198	(a	nd that in (my) (our) opinion of DEGREE	death occurred on the da	22¢ D/	
TO HOSPITAL (efoined by the TO FUNERAL (should be detownth the Store (IMPORTANT). If		<u> </u>	ILEY ROSE			2435 W.	Beluider	LALL-B	alto Mar
BP		BURIAL, CREMATION, REMOVE BURIAL	7/22	/86 BN	AI JA	COB LODGE CEM	23d. LOCATION CHIVORTOWN BALTO	COUNTY	MD
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR SOI	LEVINSON	N & BROS.	,INC.	AND 21215 HIL	2 5 1086	Sh REGISTRAR'S SIGN	VATURE

STATE OF MARYLAND



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may er d	3 SEX		4. RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY) IF		DER 24 HRS
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		TY OR TOWN OF DEATH		PITAL, NUKSING HI CILITY, GIVE STREET ADDRE	OME OR OTHER INSTITUTION (55)	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE)	126. KIND OF BUSI INDUSTRY	INESS OR
() A = () ()		ttonsville,Md		OF MARY			Reti	red	
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		DAniel Rheub	ottom		Bess	ie Gossaway		LASI	
dicol dicol		AS DECEASED EVER IN U.S. AR		SOCIAL SECURITY		ADDF	ESS	21228	
ex¢ n and Pages		ES, NO OR UNKNOWN) [IF YES, GIV	VE WAR OR DATES)	19-01-07	64 Gertrude S.	. Rheubottom,	907 Ed	dmondson	Ave.
sicial Sers.		18 CAUSE OF DEATH (Enter or	nly one couse per line					APPROXIMATE IN BETWEEN ONSET A	
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F C	230 B	URIAL, CREMATION, REMOVAL SPECIFY)	7/27/8		OF CEMETERY OR CREMATO		* 1 1	CONNIA	STATE
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DHMH - 16 60M 7/84		INERAL DIRECTOR	/611 D	TT ADDRESS		II 3 0 1986			90
(VRA 15, 4)	La	w Funeral Home	4011 Park	Heights	Ave. 21215	11 0 0 1300	were were	don. Randal	*



FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	REGISTRAR			CERTI		ICATE OF DEATH	' REG.	NO.	2	0 3	U	
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	3. SEX			4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST		FUNDER TYEAR		_
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7	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) S.C. 10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL, NURSING				9 BALTIMORE CITY	OR COUNTY C	F DEATH		
								BALTIM	ORE CIT	Y		MD.
								12a USUAL OCCUPA			OF BUSINESS	OR
0		BALTIMORE	100		HOSP		Mark III	Retire		INDUSTRY		
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	(YES, NOOR UNKNOWN) (IF YES, C		(# 125.51	VE WAN ON DAIES)	219-16-	5178	Johnie Roy	4508 [Dunland	Avenue	e	
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o		18 CAUSE OF DEATH Enter only one couse positive for 10 / 15: and 10 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)									SIMI	1
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	ATION	1 Jesus	2/1	ION FOR WHICH OPERATION WAS PERFORMED			100 Coullacener 8.C					
	E.	190 DATE OF OPERAT	7 7	7 196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
	E E	De work	50		1	e e	my.	YES NO	YES		NO 🗌	
	L GE	210, ACCIDENT WAS UND		216. TIME O HOUR A.		YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM TB PAR	T 1 OR PART 2)		
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		Copove, Ill (we) (a		triview the body	ofter death.	- Or	nd that in (my) (our) opinion	death occurred on the	dote and hour		/ /	1
		22h MGNATURE	ort.	11/1/	DIIN	1//	ATTENDING	MEDICAL ST	AFF /	224 DATE	SIGNED	-
		THE PHYSICIANS NA	140	PHYSICIAN [DIRECTOR PHYSICIAN					
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	24 F1	Burial		//14/8	00 000	ar ni						
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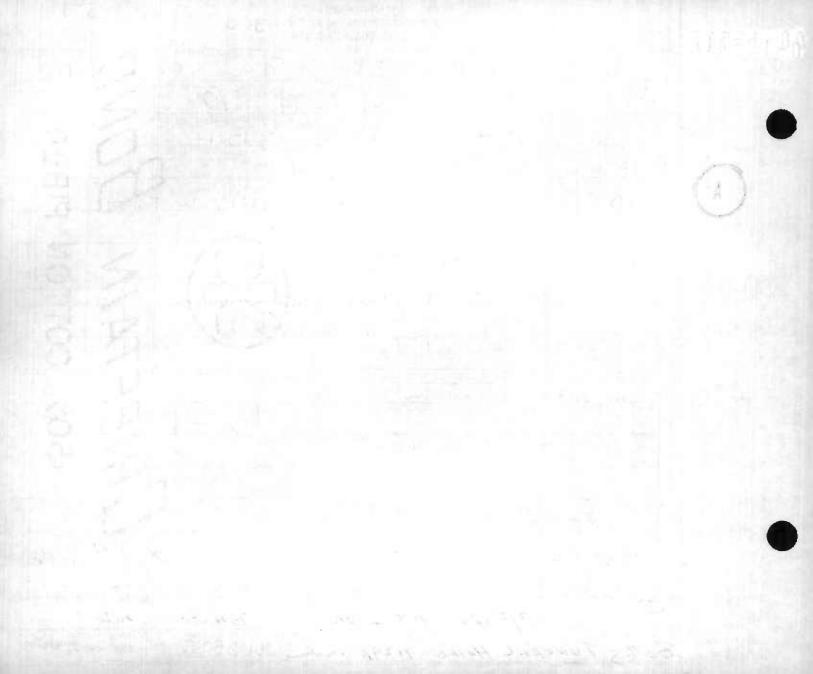
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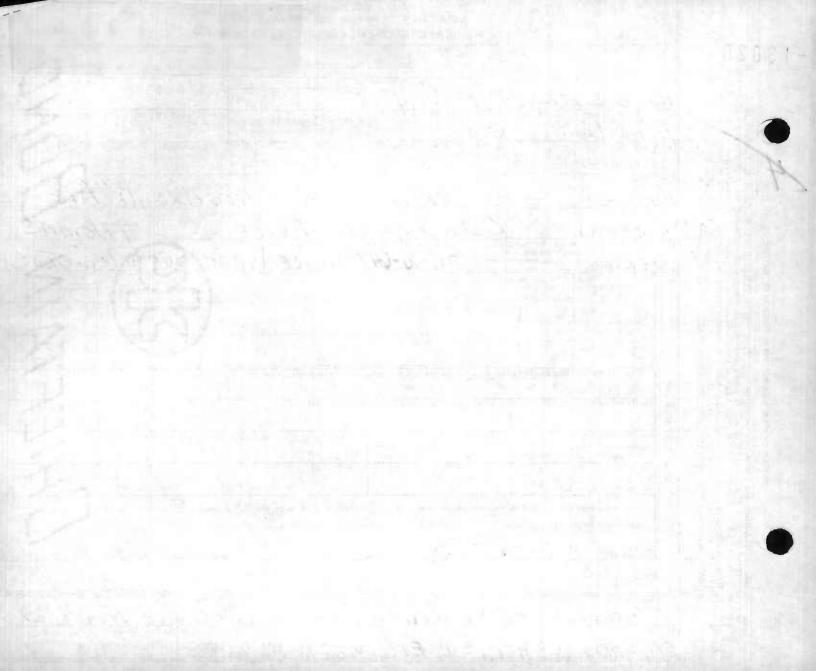
March F/H West 4300 Wabash Avenue

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME 20 DATE KNOWN (TYPE OF PERMIT OF ESTI-DEATH MATED RICHARD RICHARDSON 19 86 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS. 2c. DATE 2d HOUR 12,55 A M PRONOUNCED 19 86 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore 900 Argyle Ave. RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? mort 15. MOTHER'S MAIDEN NAME MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES: 17 INFORMANT I I P YES, GIVE WAR OF DATES 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND ME OF HEALTH AND ME REAL, CREMATION lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T. (a) Diabetes mellitus 19s DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? RWARDED TO THE CHE IS PAGE 3 SHOULD BE US STATE DEBARTMENT OF 3, 21201 PRICE TO BURIL YES NOX TIE EXTERNAL CAUSE WAS THE TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING GOR CONTRIBUTING [] CAUSE OF DEATH 214 INJURY OCCURRED THE PLACE OF INJURY LATHOME II LOCATION STREET, FACTORY, FARH, ETC.) STREET CITY OR TOWN WHILE WHILE AT WORK COUNTY STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 X 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Natural couses X death resulted from: Accident Undetermined monner Suicide Homicide TITLE (SPECIFY) ACTUAL 7-15-86 Assistant SIGNATURE MEDICAL EXAMINER Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., MD TYPE OF PRINT 231. NAME OF CEMETERY OR CREMATOR 07/84 25M 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

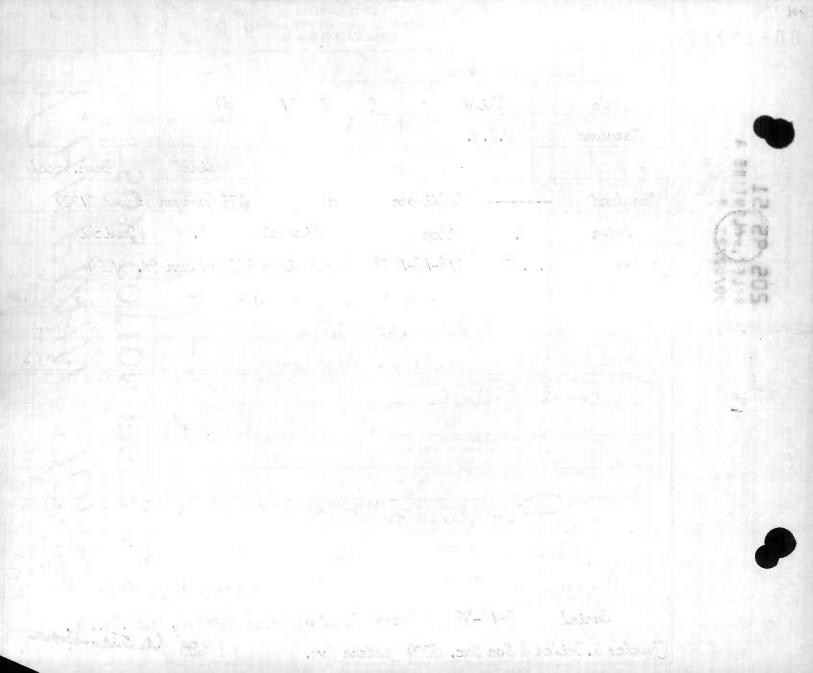


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DIVISION OF VITAL RECORDS.	equir o sig	Ther to b		NO.																
0	y o	prior	7	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				MED	200 AUTOPSY? 206 IF YES, WI			S, WERE FINDI	WERE FINDINGS USED NG CAUSES OF DEATH?				
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	R ATT hospi	ept tem		93	226 SIGNATURE	10/	/ view the body	uner deam.		DE	GREE					22c. DATE	SIGNED			
	the old	te D.			leuts	12/	omen	7		MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7/8/86										
	HOSPITAL Ined by t	Store Store	П		224 PHYSICIAN'S NA	WE LINE C	OR PRINT)			2	2e ADDRESS				0					
	F. F.		/1		PAUL	(20	RIMCE	54			900	CATTO	ON AW	-	15/10	15 M	8			
	0 se 0	4 ₹ ¥ —		23a B	URIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME	OF CEM	ETERY OR CE	REMATORY	234 LOCATIO)N						
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				24. FL	INERAL DIRECTOR		,,,,,	3	Treade	AAT TO	21229		REC'D. BY REGI							
		6 60M 7/84 15, 4)		Hu	bbard Fune	eral I	Home. Ir	C. 4	107 Wi	lker		JUL	9 1988	5		* ***** **** ***	4	3.		
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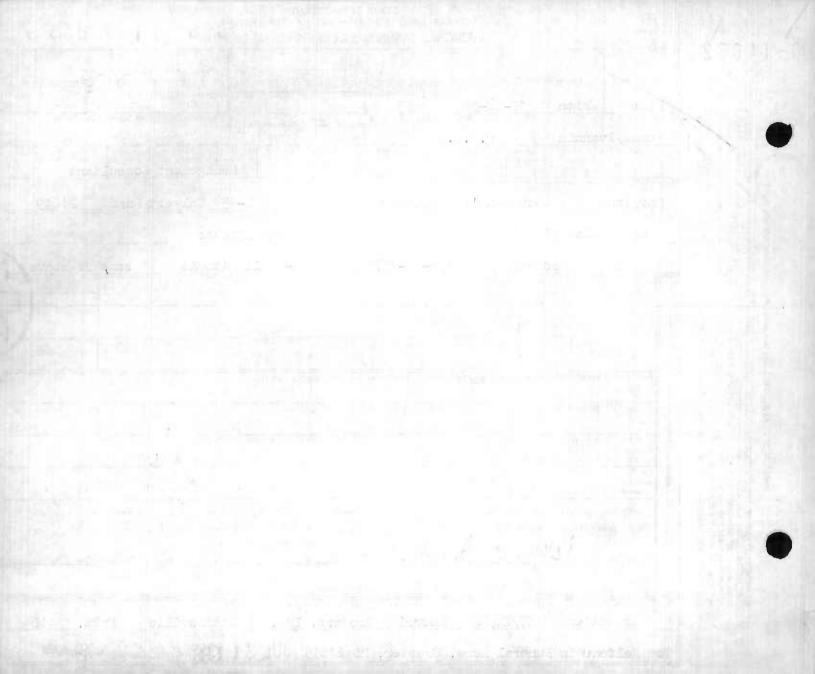
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×		14 1		H.	166. SOCIAL SECUI		17. INFORMANT	ADDRESS	0	RE		
IMORE	M woo E		AS DECEASED EVER IN U.S. AL	y war or oates)	216-16-1	_		355 Gusryan		4		
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tDS, 201	quires the signed the please to buriol niury, or	NO	PART 2 OTHER SIGNIFICANT	E II	ONTRIBUTING TO D	111	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	ION GIVEN IN PAI	RT 1(o)		
DIVISION OF VITAL RECORDS.	The low relicion. It has been as permit. Glene prior	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY? 2	Ob. IF YES, WERE FIND CATES TO YES	INDINGS USED USES OF DEATH?		
OF VITA	YSICIAN: The ding physicio partificate buriol-transit if Mental Hygies or them 18 sho	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	Y YEAR	21s. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	NITEM 18 PART I OR PAI	RT 2)		
VISION	G PHYSI ottending ter this ce is the burn ond Mei	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE			211 LOCATION STREET	CITY OR TOWN	COUN	ATY STATE		
	TTENDIN pital or TTOR Af- for use o of Health		220-1 certify that (1) (this hospital) attended the deceosed from July 14, 19 86, to Tuly 5, 19 86, that (1) (we) lost sow the deceosed alive an July 5, 19 86, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (1) (1) (did / (did not) view the body after death.									
	the hos AL DIREC AL DIREC T: If them		22b. SIGNATURE	obove, (1) well (did yild not) view the body after death.								
	TO HOSPI At TO FUNERAL I Should be deto with the State IMPORTANT: If		122d. PHYSICIAN'S NAME (TYPE	DEPRINTI L T	- +		Johns	Hopkins Hose	0. 600 N.	21205 Wolfe St.		
	BP	23a E	URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 7-/8-			Heart of Jesu	23d LOCATION OCITY OR JOWN	COUNTY	AN /		
	DHMH - 16 60M 7/84 (VRA 15, 4)		ineral director artes S.Zeiler				750. DA1	TE REC'D. BY REGISTRAR 259	REGISTORIES SIG	MARRIAGE		



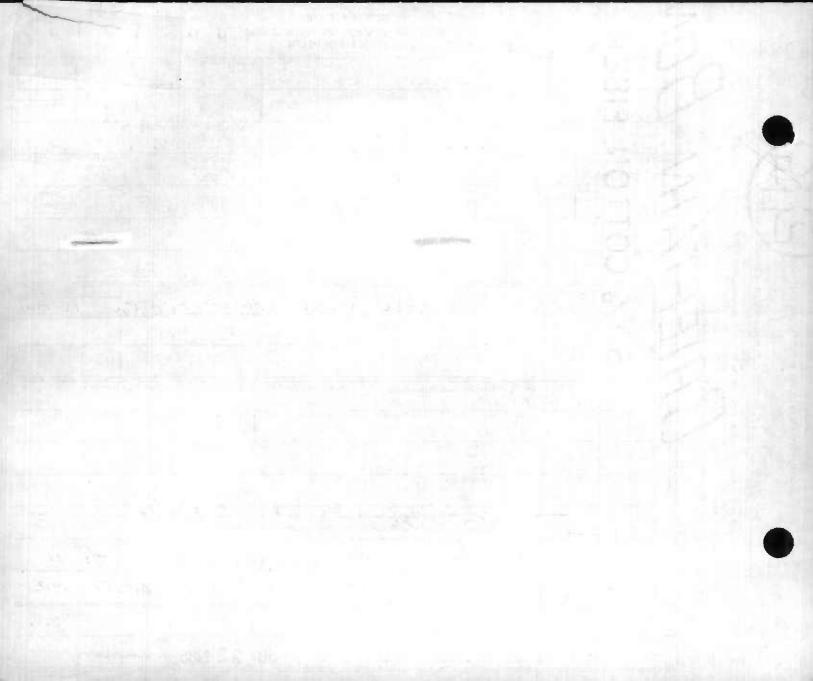
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 26. DATE KNOWN TO MONTH DAY (TYPE OR PRINT) ESTI-DEATH MATED DAVID LEE RITCHIE -27-86 19 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE HOUR MONTH DAY YEAR LAST BIRTHDAY PRONOUNCED 10-28-32 White DEAD 7-27-86 19 12:45 TO DIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvannia U.S.A. WIDOWED DIVORCED Baltimore City ID ETTY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) University Hospita. Baltimore Management Consultant 3a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS B-454 Calvert Road Chester Maryland ueen Anne's 21619 I. FATHER'S NAME 4 HOURS AFTER DEATH EM 18. GIVE PAGES DNG WITH FORM ERMIT. PAGES I IENE, DIVISION 15. MOTHER'S MAIDEN NAME LAST David Cleo Ritchie Irene Fizekas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. **ADDRESS** (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes Korean Anne-Marie Ritchie same as above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG 9 TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANISIT PERMIT AFFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of head DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 id CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING NOR HOUR A.M. MONTH DAY YEAR 11"15PM 7-26-86 self/inflicted CONTRIBUTING TICAUSE OF DEATH 21d INJURY OCCURRED 218 PLACE OF INJURY (AT HOME 211 LOCATION 454 Calvert Rd. WHILE AT WORK Oueen Anne's Co., Md. Inspection X 220. I certify that I took charge of the remains described above, held an Autapsy and in my apinian Suicide X Natural causes Accident Hamicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE Assistant MEDICAL EXAMINER 7-27-86 EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Cremation Security Process, 07/84 Inc .. Catonsville BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** Tom Helfenbein Funeral Home. Chester. MD 21619 (VR A15 ME (5))



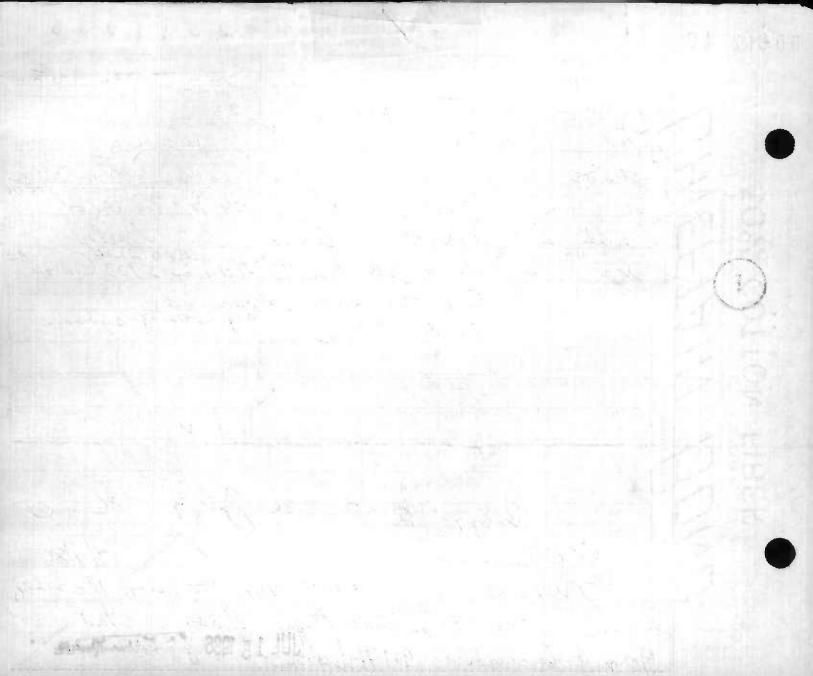
				STATE OF MARYLAND		
	1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE 8 6	985
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-	MELL	Daltimore AL RESIDENCE LIF NURSING HOME OF	SOUTH DOLLING	ore General Hosp.	Retired	House-wife
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-	M	aryland IAA	1 Hasada		12060 Knoll	view Prive,
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12		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT DO 11	Dowell, ADDRESS	O Knowwview Dr.
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/	등				YES IN NOT	CERTIFYING CAUSES OF DEATH
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		acre the deceased all a obave. (It (west dust its not	hew the bely efter with	, and that in (my) (our) opinion	death occurred on the date of	and how and from the couses stat
		22b. SIGNATURE	1////	DEGREE		22c. DATE SIGNED
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TAL OR A y the has	detached tate Dept VT. If Hem		abave, (I) (we right) (did not) view the body affer death 22b SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 720 / 720 / 720									IGNED /H	
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BP			urial cremation, removal speciBURIAL	236 DATE 7/25/	86 C	hurch	EMETERY OR CE Cemeter		Brook Ty		COUNTY	N.STYE.	
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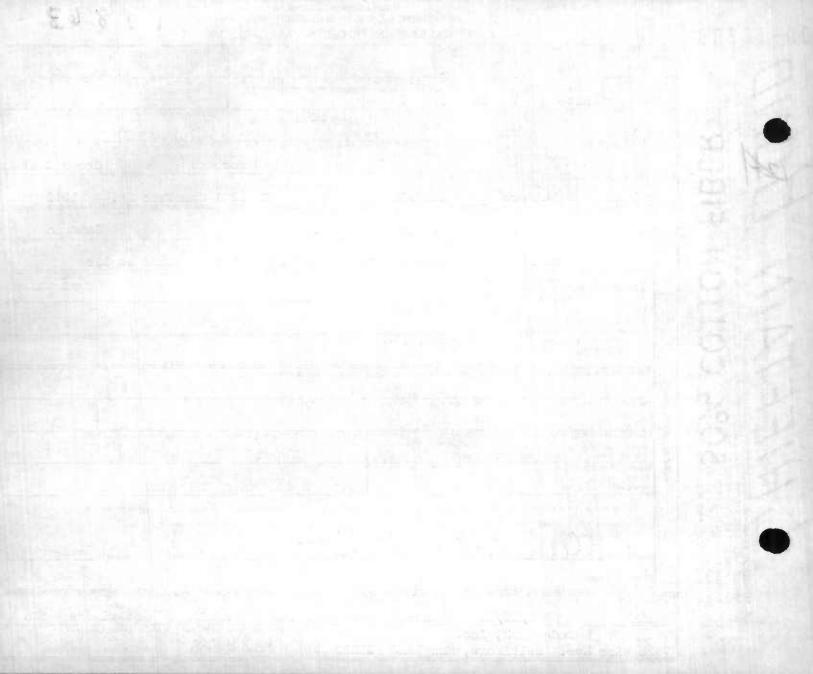


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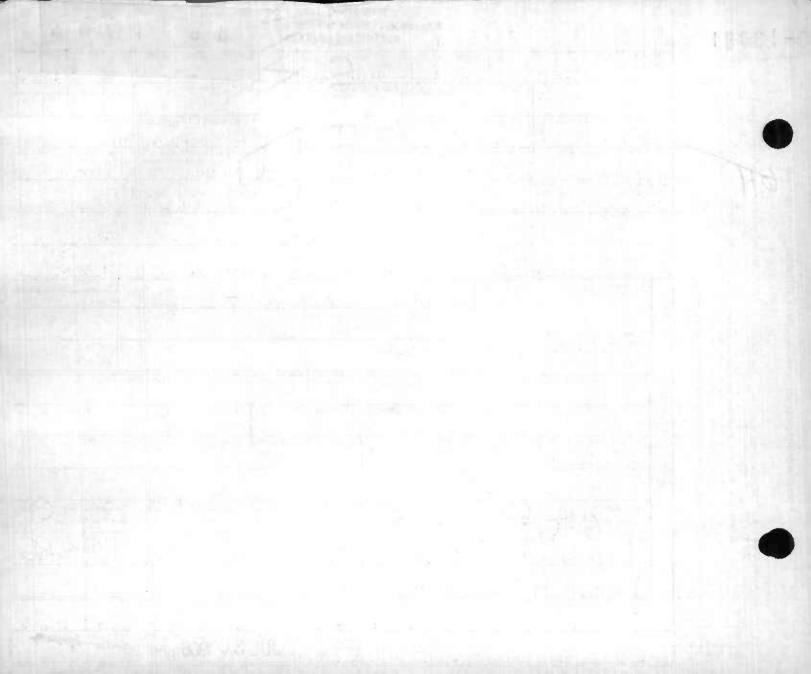


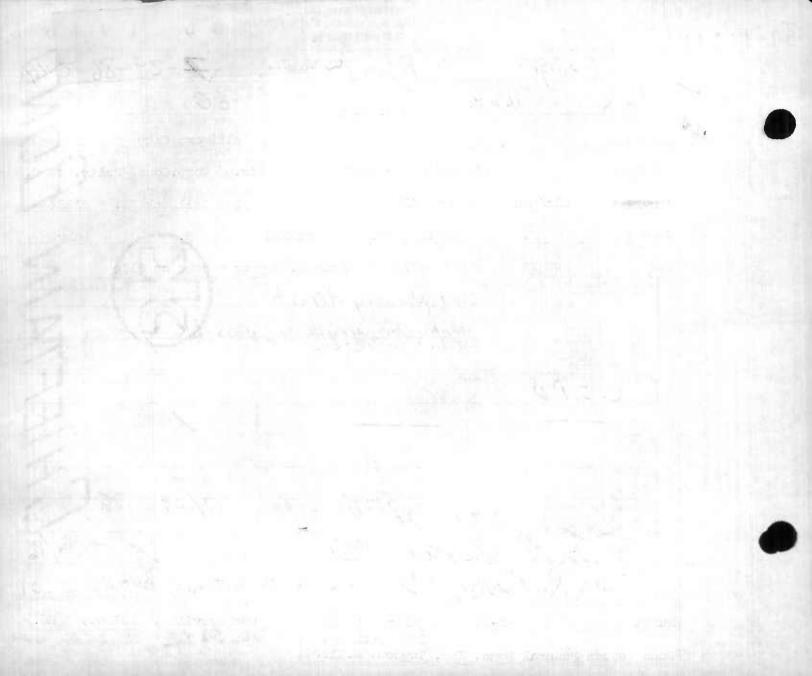
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWNXX MONTH DAY 26 HOUR (TYPE OR PRINT) OF ESTI-NE A. DIRECTOR.
OF YOUR FILES.
THIN 72 HOURS
PRE TON STREET, DEATH MATED Frank Robey 7 - 241986 Μ. AGE (IN YEARS 4 RACE IF UNDER 1 YR 2d HOUR 3 SEX 5 DATE OF BIRTH IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) 7:06 PRONOUNCED 1986 7 22 30 56 DEAD 7-24 Male White P. M 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR 7b CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED FOREIGN COUNTRY) Maryland USA DIVORCED Baltimore City B CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Francis Scott Key Medical Center Foreman Crown Cork Baltimore UAL RESIDENCE (IF IN IT IRSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Do. STATE 136 COUNTY 3c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore Dundalk 21222 Maryland 8201 Gum Tree Dr. A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST FIRST Frank M. Robev Irma Cameron 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS MYES, NO. OR UNKNOWN) LIF YES, GIVE WAR OR DATES Korea 220-24-7853 Elizabeth Robev Same as 13e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL TO MEDICAL EXAMINER: THIS CERTIFICATE STANDED OF COLORS IN PENCIL IN TEM TE SECURE HE CREMENTED THE WORD. "PENDIOUS" IN PENCIL IN TEM TE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FOUNER ALD UNEETOR: PAGE 3 SHOULD BE USED AS A BURIAL. THAT THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGENEED BALTHWORE, MARYCAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVALED. BETWEEN ONSET AND DEATH BART DEATH WAS CAUSED BY Electrocution IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING MOR subject using drill that came in contact CONTRIBUTING CAUSE OF DEATH 6: 00P.M. 7-24 with water 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211. LOCATION NOT WHILE AT WORK AT WORK outside home 8201 Gumpree Road, Baltimore, Maryland Autopsy XX 220 I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian death resulted from: Natural causes Hamicide ____ Undetermined manner ACTUAL 7-25-86 Assistant SIGNATURE EXAMINER'S NAME Dennis F. Smyth, 111 Penn St., Balto., Md. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION STATE Sacred Heart of Jesus Dundalk Baltimore MD. Burial 7/28/86 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Duda-Ruck, Inc. **DHMH** - 17 ma Day Com (VR A15 ME (5)) Baltimore, Maryland 21222 7922 Wise Ave.

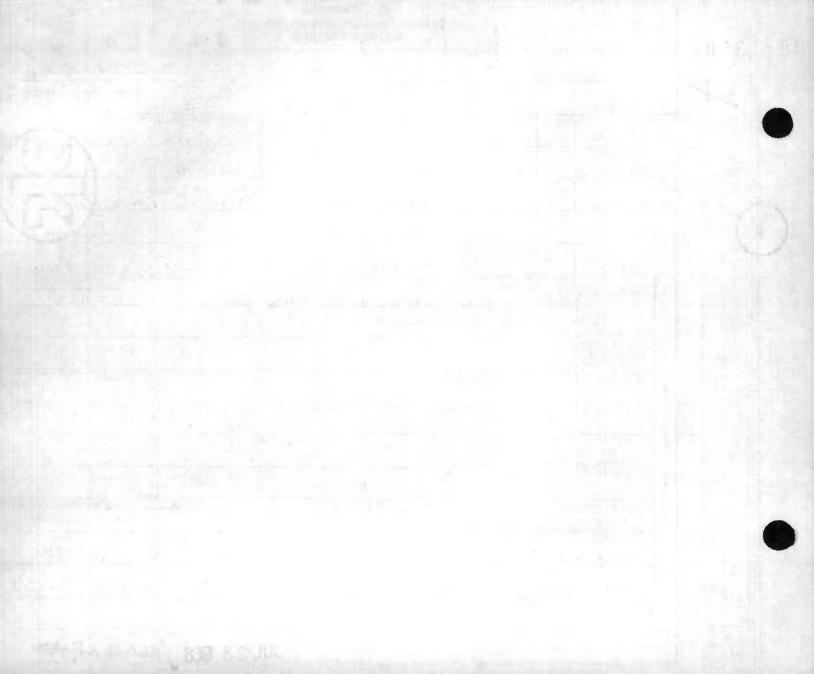


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME FIRST 20 DATE OF DEATH 2h HOUR TYPE OR PRINTS DAVID RICHARD ROBINSON 86 :55P.M A AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 3 SEX MONTH DAY YEAR 12 13 24 MALE WHITE BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED W NEVER MARRIED COUNTRY Maryland U.S.A. WIDOWED DIVORCED | Baltimore City ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore 2019 Whistler Ave. Koppers Forman USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 113h COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 2019 Whistler Ave. 21230 Baltimore YES X Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST Elizabeth Burl Hunter Robinson Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 21230 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Gertrude Robinson 2019 Whistler Ave. YES II W 218-18-0357 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ARCINOMA IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) itended the deceased from 72s.1 certify that that the hasp and that in (my (our)) opinion death occurred on the date and hour and from the causes stated w the body after death. DEGREE HISMATIN MEDICAL Should be detected with the Stote D PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 72d PHYSICIAN'S NAME (1996 DEPEN 22e ADDRESS St. Agnes Hospital Oncology Dept. 236 BURIAL, CREMATION, REMOVAL TIM DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Sykesville · Lakeview Mem. Park Carroll Burial 7/31/86 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE AL 21229 DHMH - 16 60M 7/84 time Davidon (VRA 15, 4) Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

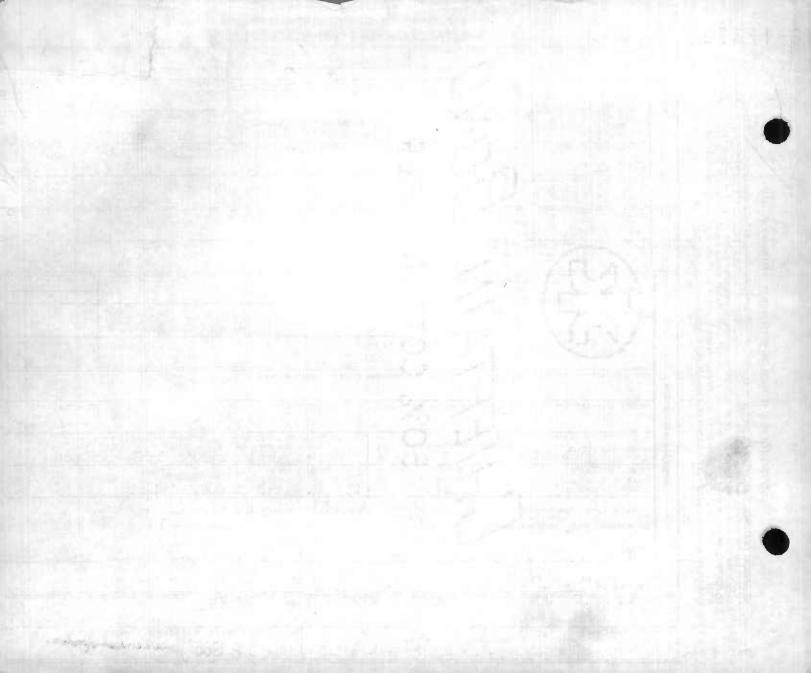




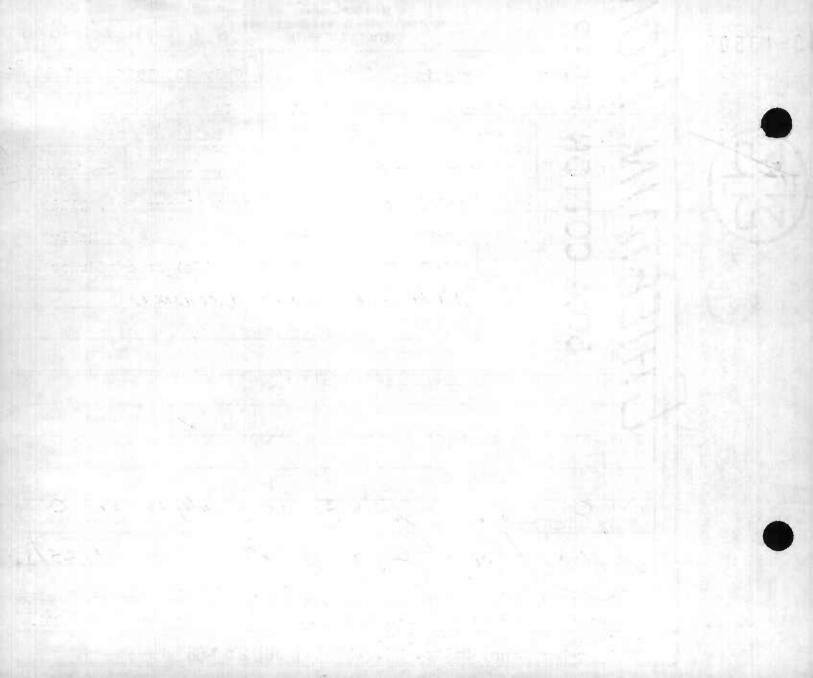
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F VII			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	- 110110 4	OF INJURY	DAY YEAR	21c. HOW INJURY	Y OCCURRED	ENTER NATU	RE OF INJURY	IN ITEM 18	PART OR PART 2		
O Z	0 = 0 ±	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM		P.M.	19	216 LOCATION					13.74	- C-3000	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ING PHYSICIAN The law requires that the death certificate be exitted by physician.	After this e as the bu olth and M marked or	MET	WHILE AT WORK AT WORK		TREET, FACTORY, OF	FFICE FARM ETC)	STREET			CITY OR TOWN	1	COUNTY	STATE	
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R ATTEN hospitol	d for us	93	sow the deceased alive above, (1) (we) (did) (di	d not) view the bod	y ofter death.		nd that in (my) (our) opinion dec	th occurred	on the date	ond ho			
e ho	Direct oched for Dept of Hem 2		22b. SIGNATURE	na li			DEGREE ATTEN	NDING	MEDICAL	STAFF		22c. DA1	TE SIGNED	
olf AL by ti	FUNERAL Jid be den The Stote	-	224 PHYSICIAN'S NAME IT	- Stille	22 m	D	PHYS 22e ADDRESS	SICIAN []	DIRECTOR	PHYSICIA	NE	1/-	22/06	
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DHMH	- 16 60M 7/B4		INERAL DIRECTOR									TRAR'S SIGNA		
	/RA 15, 4)	Ma	rch~Funeral H	ome West	4300	Näbash A	venue	JUL	231	986	white	Davidson	- Participan	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED Panthanae Rogers 13 19 86 4 RACE DATE OF BIRTH IF LINDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY YEAR RONOUNCED 6:48F DEAD 13 19 86 Female Black 1965 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COLINTRY Maryland DIVORCED Baltimore City, IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK Baltimore Provident Hospital Cook Jewish School USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STREET ADDRESS 3837 Park Heights Ave. 136 COUNTY 13d. INSIDE CITY LIMITS? Maryland Baltimore NO Baltimore, Maryland 21215 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Joseph Jackson Rhonda Rogers 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 3837 Park Heights Avenue LIFYES GIVE WAR OR DATES No. 214-86-0743 Rhonda Rogers Baltimore, Maryland 21215 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Air Embolism AMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FORWARDED TO THE CHIESTOPE PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF AND, 21201 PRIOR TO BURIA YES X NO [210. EXTERNAL CAUSE WAS 216. TIME OF INJURY
HOUR XXXXMONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART 1 OR PART 2) CONTRIBUTING CAUSE OF DEATH 5+ P.M. Air entered bloodstream during sex act TIE PLACE OF INJURY (AT HOME 21 LOCATION AT WORK AT WHILE ÁECUTE I THE CONTROLLE BE FORWATTER AGE 4 SHOULD BE FORWATTER OF UNERTOR. PAGE 3 AFFER BEATH, WITH THE STATE DE AALTIMORE, MARY AND 21201 HAALTIMORE, MARY AND 21201 HAALTIMORE, MARY AND 21201 HAALTIMORE, MARY AND 21201 H STREET, FACTORY, FARM, ETC.) 2208 W. North Avenue, Baltimore home MD. Autopsy X 220 I certify that I took charge of the remains described above, held an death resulted from Suicide Notural couses Hamicide ___ Undetermined manner TITLE (SPECIFY) Assistant: MEDICAL EXAMINER 7/14/86 SIGNATURE EXAMINER'S NAME William M. Zane, M.D. Ill Pennn St. Balto.MD. SAT PAGE 230 BURIAL, CREMATION, REMOVAL 236 DATE 234 NAME OF CEMETERY OR CREMATORY 7/19/1986 Burial Druid Ridge Cemetery Baltimore, Maryland 07/84 25M 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE 24 FNETATER CORSONS FUNERAL HOME, INC. **DHMH - 17** 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216 (VR A15 ME (51)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME MIDDLE DAY YEAR LITTE OR PRINTS Rohm 7:10 Francis July 23, 1986 Leonard A AGE UN YEARS LAST BIRTHDAYS 3 SEX 4 RACE 5 DATE OF BIRTH MONTH DAY YEAR White July 8 1912 Male BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City Md. USA WIDOWED DIVORCED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12g USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Edgewood Nursing Home Continental Car Baltimore Foreman 13a. STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Md. Baltimore YES TX 3531 Elmora Ave. 21213 NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Kellv Rohm John H. Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Loretta Rohm 214-03-4279 (wife) same address no APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) color carcinoma PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20e AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON NO 216 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive on 7/16 above (10) we) idid and not view the body offer death, and that in imy (aur) apinion death accurred on the date and haur and fram the causes stated DEGREE 226 DATE SIGNED ATTENDING PHYSICIAN DIRECTOR | PHYSICIAN 77# ADDRESS E. University Parkway Cool Foley 73e BURIAL CREMATION REMOVAL 73r. NAME OF CEMETERY OR CREMATORY Md. Baltimore 7/26/86 Holy Redeemer 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNESCHIMUNEK Funeral Home, Inc. DHMH - 16 60M 7/84 Julia Davidour Handaler 3331 Brehms Lane, Balto. Md. 21213 (VRA 15, 4)



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FOR STATE

STATE OF MARYLAND

DEPARTMENT	OF	HEA	LTH	AND	MENTAL	HYGIE
CEI	T	FIC	ATE	OF	DEATH	

REG. N) NO.	1	9	8	6	9
DEATH	MONTH	DAY	YEAR	2b. H	OUR	34

1	REGISTRAR		CERTI	TORTE OF DEATH	REG. NO		1	0 0 3
I. DE	CEASED NAME FIRST E	lvina MIDDLE	E.	Romans	20. DATE OF DEATH	AONTH DAY	YEAR	26. HOUR
f	ELY INA ROMA					76	86	9:45.
3. SE		I. RACE	S. DATE O	DE BIRTH 6	AGE (IN YEARS LAST BIRTH	HDAY) IE UNDE	RIYEAR	IF UNDER 24 HRS
	fenale	Whoto	MONT 6		76	YRS	DAYS	HOURS MIN.
7a B		L CITIZEN OF WHAT CO			BALTIMORE CITY OF	COUNTY OF DE	ATH	
	Maryland	USA	MARRIE	ED DIVORCED	Balt.	city		MD.
10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITA (IF NOT IN SUCH EACILITY,			12a USUAL OCCUPATION		KIND OF USTRY	BUSINESS OR
	Balt. nd	So . But	t Gen	6 m 1	Sales Pers		tzle:	r Bro.
130	AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUNT		OR TOWN	1138 INSIDE CHTY LIMITS?	3e STREET ADDRESS /	7IP CODE		
	1100	REFERE	Salt	YES NO	3801 Brook	lin ai	2	1225
14. F.	ATHER'S NAME	IDDLE	1 4 5 7	15. MOTHER'S MAIDEN NAME	E MIDDLE	0		
	Louis	Sch	midt	Hazel			offm	an
	WAS DECEASED EVER IN U.S. ARM		TAL SECURITY NO.	17 INFORMANT	ADDRES	SS		
	YES, NO OR UNKNOWN) (16 YES, GIVE	WAR OR DATES	96915	Theodore A.	Romans Sr.	Same a	s 13	е
	18 CAUSE OF DEATH (Enter only	one cause per line for t	a), (b), and (c)			В	APPROXIM ETWEEN ON	ATE INTERVAL
	PART I. DEATH WAS CAUSED IMMEDIATE		ardiope	Imonary av	rest			
		DUE TO, OR AS A C	ONSEQUENCE OF					
	Canditions, if any, which	((b)	Myldrill	o mercudea	I infact	The last		
	gave rise to immediate couse (a), stating the	DUE TO, OR AS A C	ONSEQUENCE OF	0				
	underlying cause last	(c)						
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR COND	ITION GIVEN IN I	ART Ira	
CERTIFICATION	dunc	Cancer						
SAI	190. DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING (FINDING	SS USED
E	-		_		YES NO	YES		NO [
B	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	NTH DAY YEAR	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR	PART 2)	
AL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
EDICAL	21d. INJURY OCCURRED	21e PLACE OF INJUR		211 LOCATION				
M	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTO	RY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	N CO	UNIA	STATE
111	220.1 certify that (1) (this haspite	al) attended the deceas	ed fram 7/4	1/66 10 86	10 7/6/	10 8	(a 1h	nat (I) (we) last
	saw the deceased olive on_	7/6	19 56	nd that in (my) (aur) apinian de	oth occurred on the da	te and havr and fi		
	above. (1) (we) (did) (did nat) 22b. SIGNATURE	view the bady after dec	ith.	DEGREE		77	DATES	IGNED
	You	4 Lamb	MA	ATTENDING PHYSICIAN	MEDICAL STAF	1	7.	-6-86
	224. PHYSICIAN'S NAME (TILL	indian)	. ~	22e ADDRESS				
	TELK	LAN	B	So Ball	t Gen	Hord	_	
	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION	COUNT		STATE .
	Burial	7/10/86	HOLY C	ross Cemetery	Baltimore	A	A.	⁵¹ Md

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

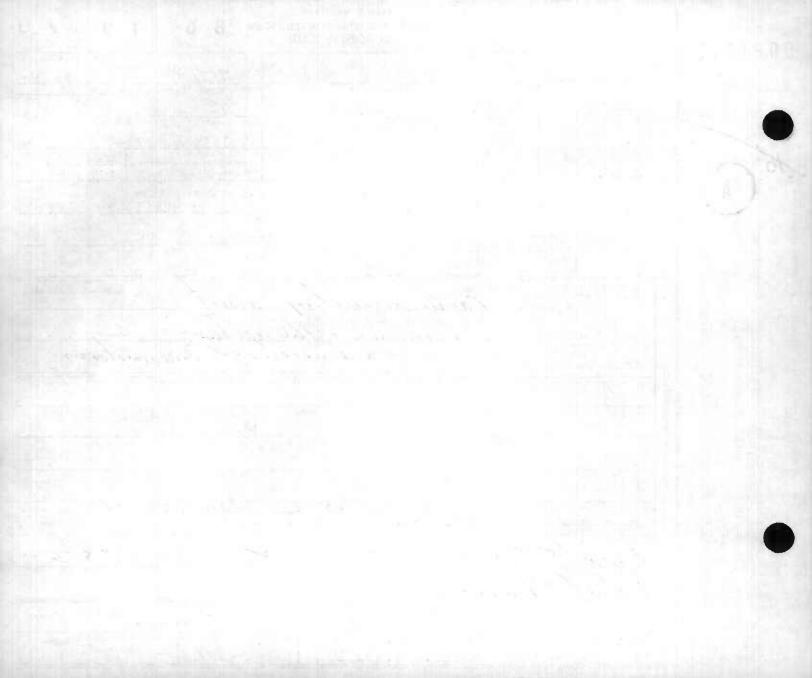
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and is should be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages with the State Dept. of Health and Mental Hygiene priar to buriol, crematian, or removal. IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

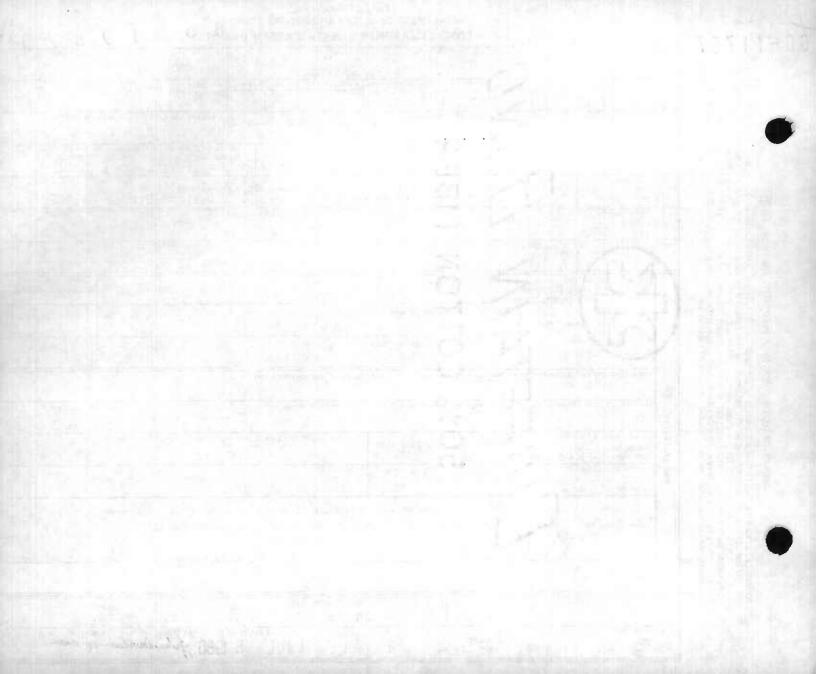
24. FUNERAL DIRECTOR
George J. Gonce 4001 Ritchie Hgwy Balto Md

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

at an pan



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-ATH. IF ANY DELAY IS NECESSARY, PLEASE S. 1, 2, AND 310 THE FUNERAL DIRECTOR. PM. 3. RETAIN PAGE 5. FOR YOUR FILES. VID. 5.8HOULD BF FILED. WITHIN 22 HOURS. VITAL RECORDS, 201 W. PRESTON STREET, Melvino Jr. DEATH MATED Rosebouch 86 19 4. RACE 5 DATE OF BIRTH 3:28 YEAR LAST BIRTHDAY) PRONOUNCED 8 27 _ m 54 31 DEAD 4/ 1986 PM 7a. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED Maryland WIDOWED [u.s.a. DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 17b KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Unemployed OR INDUSTRY Baltimore Johns Hopkins Hospita 13a. STATE 13h COUNTY 130 STREET ADDRESS 1209 Wilcox Street 13d INSIDE CITY LIMITS? Maryland Baltimore YES SE NO M BALTIMORE, MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 18. GIVE PAGES 1, 2 WITH FORM PM 3 IIT. PAGES 1 AND 4 , DIVISION OF VITA MIDDLE Theodore Shuler Evelyn Rosebough 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO ADDRESS NO Tara Rosebough 1209 Wilcox Street EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO **FUNERAL DIRECTOR:** PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BAYLIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Intraveneous Narcotism IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 21a EXTERNAL CAUSE WAS 71b. TIME OF IN ILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOO 4/ 1986 CONTRIBUTING CAUSE OF DEATH subject ingested drug 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK STATE 1716 Aisquith St., Balto. City, Md. house 22a. I certify that I took charge of the remains described above, held an and in my opinion death resulted from Homicide TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 7/5/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL Lansdowne, 7/9/86 Md. Mount Zion Cemetery 07/84 25M 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 March Funeral Homes 1101 East North Avenue whice Day doon- yander (VR A15 ME (5))

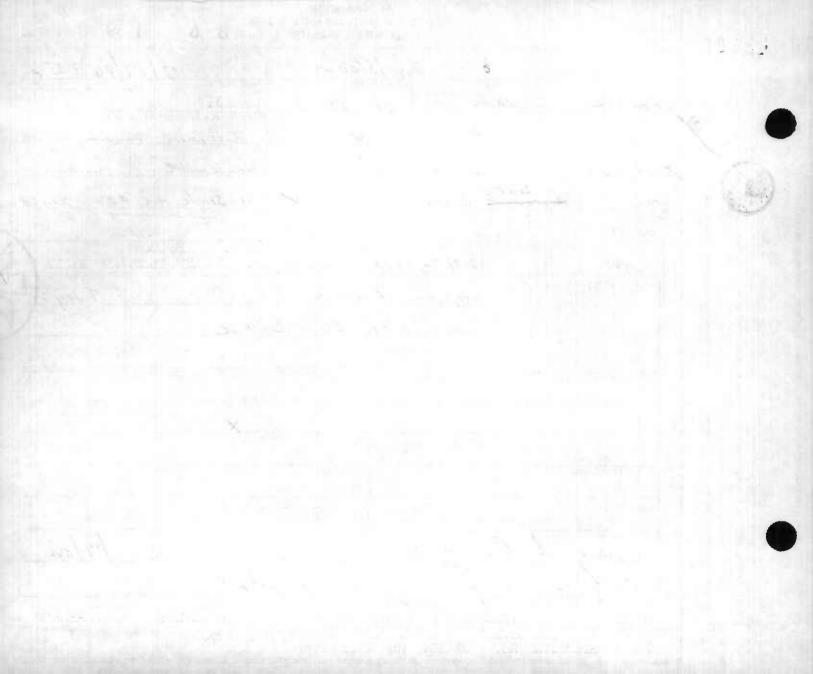


BALTO., MD

DHMH - 16 60M 7/84

(VRA 15, 4)

6010 REISTERSTOWN RD.



Section II. Base

Md .

Leonard J. Ruck, Inc.

(VRA 15, 4)

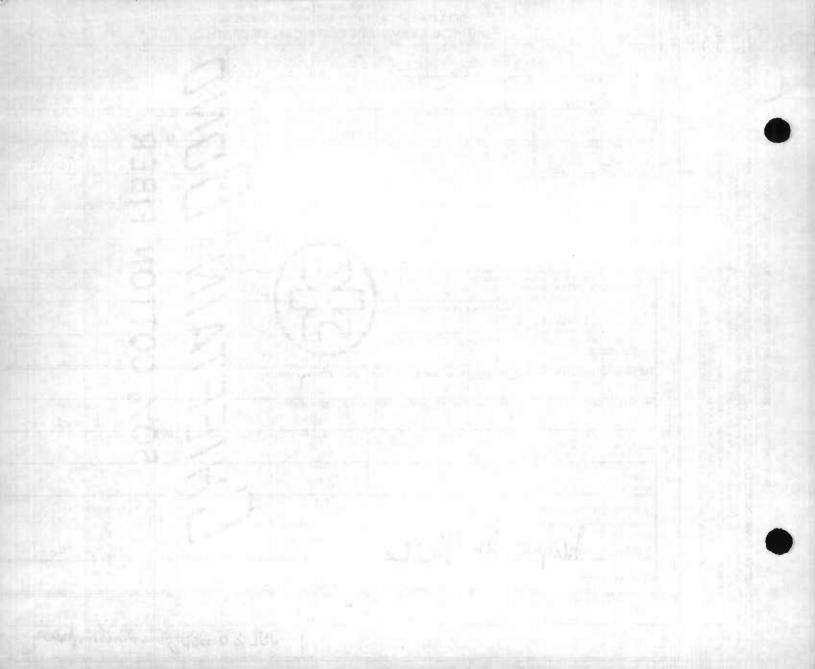
wie Davidson

Carty B Herent Double M. Aug. 3, 1918 0.7 I still Varyland U.Str. L. Seltleore 170V1 margh H. (Coll case, C. & F. Telephone Co Supervisor 1707 lagga H. 21259 erom Ly 188 ST. STIC TOLLO SITE OLGO Test 10 215-10-2015 faryuret 2. rouse 170 largen MG. 21239 .3% Edg. 282 EDI .U.N Siyes .U.N Siyes erowitine deleuge solvenso nel-1 neltement A DE LOUIS DE LA COMPANIE DE LA COMP

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4 mo	3 SE	M ALE	4 RACE	HITE S. DATE	OF BIRTH H DAY YEAR 7 L8 09	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTH'S DAY'S HOUR'S MIN.
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25 42	10 C	BACTIMMC		PITAL, NURSING HOME ILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION (1 NA) HOS	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK P. MERCHANT	ING LIFE) 126 KIND OF BUSINESS OR INDUSTRY RETAIL
AND 212 n 24 hou filled in hould be	130. 3	AL RESIDENCE (IF NURSING HOME OF TATE		RESIDENCE BEFORE ADMISSION CITY OR TOWN BALT, MAN			COOFICO RD.
MARYLAND ed within 24 mpletely filler and 2 should examiner mes	14. FA	THER'S NAME CHAIM	WIDDLE	ROVNER	15 MOTHER'S MAIDEN NA FIRST RACH	AEL	UNKNOWN
BALTIMORE,		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES!	SOCIAL SECURITY NO. 215-03-4554	MRS. STELLA	ROVNER 6100 PI	MLICO RD. 21209
BALTICOTE b)	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	ED DAY		NIC SILLIER		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
s, 201 W. PRESTON Si jires that the death cert igned by the attending an please remove corbes burial, cremation, and	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUENCE OF	Coronary A	NEW P. Zee	
in RECORD on low requirements to permit. The ene prior rooms ony injin	TIFICATION	190 DATE OF OPERATION	196 CONDITION	N FOR WHICH OPERATION	DN WAS PERFORMED	20a AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
ICIAN: TI g physici g physici g physici entificate itol-transi ential Hygi tem 18 sh	- 3/8	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (# EITHER NOTIFY MEDICAL EXAMINE	AID	JURY MONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2]
OTEN PHYS OTEN P	MEDI	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN	NJURY ACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pitol or TTOR: Af for use of Healt		sow the deceased alive or		ccosco moni	and that it my (our) opinion	deoth occurred on the date on	d hour and from the causes stated
At OR A the hos Al Directed detoched of Dept.		276. SIGNATURE	G10+6		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED 7/27/86
HOSPII toined by O FUNER nould be inh the St		MARKA A.		in, mp	220 ADDRESS 511	NAI 610S	PITAL
	23a	BURIAL, CREMATION, REMOVA	236. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	24 5	BURIAL	7/28/86	BETH BETH	TFILOH CEM	BALTIMOR-E	MARY LOAND
DHMH - 16 50M 4/B3 (VRA 15, 4)		6010 REISTERSTO		ADDRESS	0.0	L 3 0 1986 July	a Davidson Abrida
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certific retained by the haspital or ottending physician. TO FUNERAL DIRECTION. After this certificate has been signed by the attending physician should be detached for use as the buriol-transit permit. Then please remove containing the State Dept. of Health and Mental Hygiene prior to buriol, cremation, at the MPORTANT; if them 21 is marked or them 18 shows any injury, or other traumatic enterprises.	24 F	PART I, DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER. NOTIFY MEDICAL EXAMINE A) WORK 21d. INJURY OCCURRED WHILE NOT WHILE A) WORK 22a. I certify that (this bay obove (II) well did a did n) 22b. SIGNATURE 22d. PHYSIGIAN'S NAME (1YPE 3BURIAL, CREMATION, REMOVAL SIGNEY) BURIAL UNERAL DIRECTOR SUL NAME	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONTR 196. CONDITION 216. PLACE OF IN ATH HOUR A.M. P.M. 21e. PLACE OF IN ATH HOME. STREET, F. OR PRINT) COSTE / L 236. DATE 7/28/86 LEVINSON 6	A CONSEQUENCE OF A CONSEQUENCE OF RIBUTING TO DEATH BU N FOR WHICH OPERATION MONTH DAY YEAR 19 NJURY ACTORY, OFFICE, FARM, ETC.) COOSED from 19 23c NAME OF BROS., INC. APPRESS., INC.	TNOT RELATED TO THE TERM DN WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION SIREET 21g. Mod that is my (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	AINAL DISEASE OR CONDITION 700 AUTOPSY? YES NO	IF YES, WERE FINDINGS USED LERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE COUNTY STATE MARY LOAND EGISTRAR'S SIGNATURE

And Wind SAMAN TO THE SAME WAS the Town of the Court of the co Salara (201 a 2) Ulada La activa

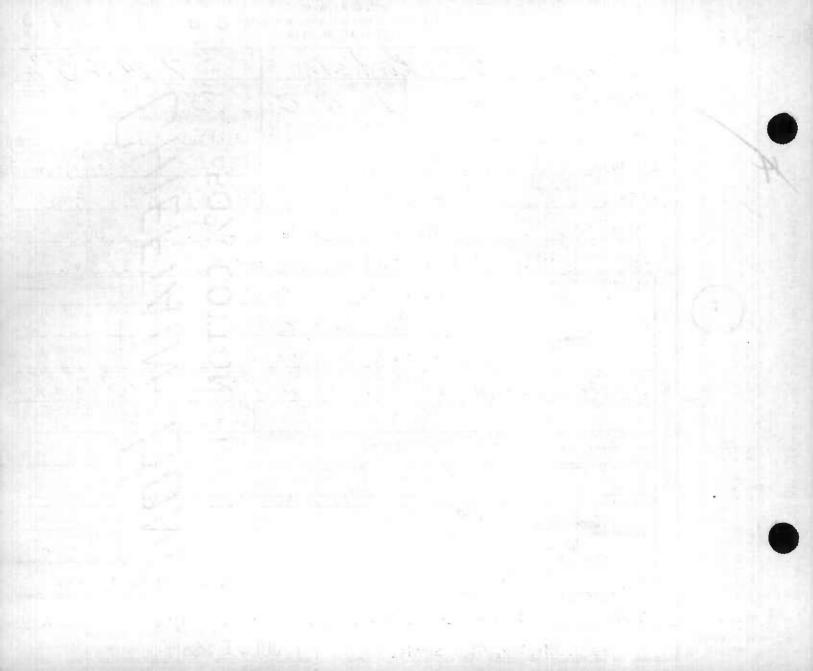
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	ET, SS. S. S.	{146	E OR PRINT]	TR	RACY		L.		ROW	LEY	D	OF ES	ATED 7	7-23-	-86 19		1
W	RECTOR. R FILES. HOURS STREET,	3. SEX	Sec. 25	4 RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEAR			HOURS A		DATE	1	MONTH	DAY		2d. HOUI
1	ON S		emale	black'	11 25	66	19 YRS	1110111110	DAIS	HOURS		DEAD	7	7-23-			:52a
-	NECESSARY, UNERAL DIRE S FOR YOUR WITHIN 72	7a. BI	RTHPLACE (S		76. CITIZEN OF WH					ER MARRIED	D 🗶 9. B	ALTIMORI	ECITY OR	COUNTY	OF DEA	TH	
	S NECESSARY, PLEASE FUNERAL DIRECTOR, 5 FOR YOUR FILES, MARKESTON STREET,	ID CI	TY OR TOWN	Md	U S	A DITAL NILL		WIDOWED		DIVORCED		Baltin	nore (City	2b. KIND	OF RUS	MI
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21201	IF ANY DE 2, AND 3 TO 3. RETAIN SHOULD B	13a. S	Md Md	136 COUN	OR OTHER INSTITUTION, GIV	13c. CITY	or town	13d Y	, ,	NO 🗌	13e STREET 1703	Address Ashbu	rton	Stre	et	2121	16
BALTIMORE, MD.	ST. ST.		ther's Name		WIDDLE	R	owley	15.		'S MAIDEN	NAME	MIDDLE			LASI R a	nks	
MOR	Z Z X X X	160 V	VAS DECEASE	DEVER IN U.S. AR			CIAL SECURITY	NO. 17	INFORMA			A	DDRESS		DC	IIINS	
ALTIV	AFTER SIVE PV TH FOI MSION	(4	NO OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	212-	80-3888	3/	Delo	is Ro	wley	1703	Ashb	urto	n St	ree	t
201 W. PRESTON ST.,	UTED WITHIN SETSOLI IN PERCIL WITEM 18 EXAMINES ALONG SIAL, TREAMINE HOSELE, ON, OR REMOVAL		PARTIDE Candition	IMMEDIA ns, if ony, which se to immediate) stating the <u>under</u> .	TE CAUSE (o). DUE TO, OR (b)	Aspl AS A COM	nyxia Nyxia NSEQUENCE O	12	1	1						OXIMATE II N ONSET A	AND DEATH
DIVISION OF VITAL RECORDS, 201	CERTIFICATE SHOULD BE EXECTING THE WORD." PENDING." DED TO THE CHIEF MEDICAL 3 SHOULD BE USED AS A BU DEPARTMENT OF HALTH AND PRIOR TO BURIAL, CREMATI	MEDICAL CERTIFICATION	301	GNIFICANI CONDITIONS	CONTRIBUTING TO GEATH 1		TED TO THE TERMIN				1 (0					TOPSY?	
FVI	W S S S S S S S S S S S S S S S S S S S	E	21a. EXTERNA	AL CAUSE WAS	21b. TIME OF			Zic HOW	INJURY C	OCCURRED	(ENTER NATU	IRE OF INJURY	IN ITEM 18 PA	RT 1 OR PAR'		XX	№ □
ON	RTIFICATI NG THE V TO THI SHOULD PARTMEI	ALC	UNDERLYING	OR OR	HOUR A.M	MONTH	DAY YEAR	unk	nowi	n							
DIVISIO	WER: THIS CERTING CATE, WRITING FORWARDED TO OR: PAGE 3 SH THE STATE DEPA (ND, 21201 PRIC	MEDIC	216 INJURY O WHILE AT WORK	NOT WHILE O	21e PLACE C STREET, FACT	ORY, FARM, E	(AT HOME,	216 LOCAT STREE	TION		rton,	TY OR TOWN Bal	to,M	cour	NTY		STATE
•	TO MEDICAL EXAMINER: THIS (EXECUTE THE CERTIFICATE, WRIP PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AAFTER DEATH, WITH THE STATE! BALTMORE, MARYLAND, 21201		220. I certi death result ACTUAL SIGNATURE	*	ge of the remains des	Accident		Autapsy ide ,	Homicid			ined manne	er,	DATE SIGNED	7-23	3 – 86	
	MEDIA GE 4 S FUNE TER DE		EXAMINER'S (TYPE OR PRI	NAME NT)	Margarita	a A.	Korell,	M.D.	DRESS	111 E	Penn S	St. Ba	alto.	, Md			
	BATABET	23a.B	PECIFYI	TION, REMOVAL			NAME OF CEM			RY	23d. LOCA CITY OR TO	TION		COUNT	TY	STA	
07/84 25M	BR 233	74.5	BU1	rial	7/29/86		1t. Cal	ary C		n DATE OF	Ani	ne Ar	undel			Md.	,
23.11	DHMH - 17 (VR A15 ME (5))				ne West 43	00 Wa	abash A	venue	25	a DAJUE	128	1986	Julia.	Davids	-10	Haddle	3.

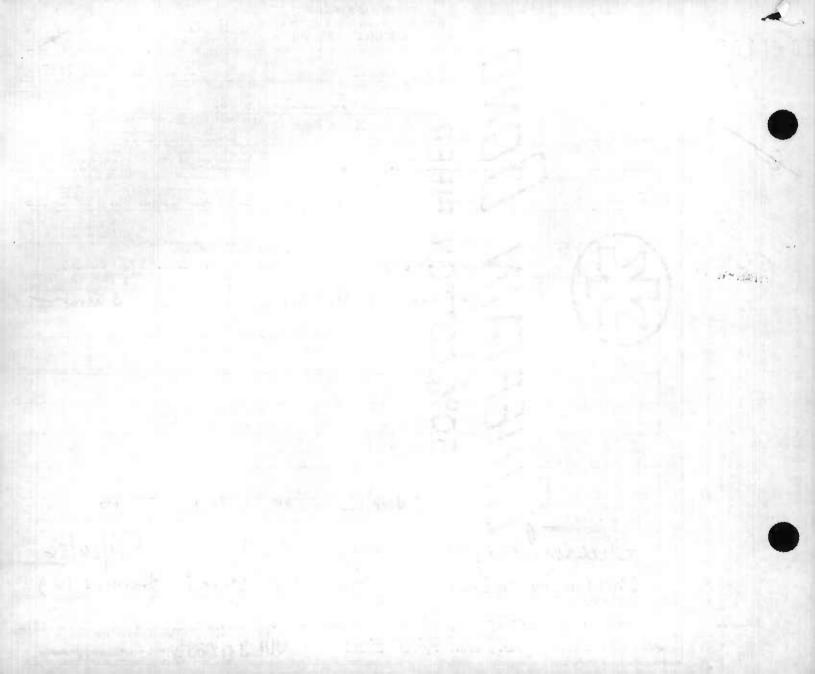


	The state of the s		STATE OF MARYLAND		
0-12450	FOR 1 - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY	0 0	9877
	1. DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	AY YEAR 26 HOUR
8 25	(TYPE OR PRINT)				
1 1 1	PAUL	JOSEPH I4 RACE	RUBBO JR	JULY 13, 1986	6 09:44pm
	Male	White	Jan. 7, 1930 YEAR		ONTHS DAYS HOURS MIN.
2 20 1/2	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) nnsylvania	76. CITIZEN OF WHAT COUNTRYS	MARRIED WEVER MARRIED	BALTIMORE CITY OR COUNTY OF	OF DEATH I'Y
8 11	10 CITY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	MD. 12b. KIND OF BUSINESS OR
4	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET		Tour Guide	INDUSTRY Travel
つい。社社	IJu STATE 13b. CO		VN 134 INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE 3601 Clarks Le	21215
1 24 1-	Maryland	Baltim	ore YES X NO 1		ane zizij
1 11	FIRST	MIDDLE LAST	FIRST	WIDDIE	Sciaretta
1 1000	Paul 160 WAS DECEASED EVER IN U.S. A	Rubbo ARMED FORCES? 166, SOCIAL SEC	Theres	ADDRESS	Sciaretta
P 000 7	LYES NO OR LINKNOWN) LIEVES (GIVE WAR OR DATEST			Tana 21215
-		-48/12-49167-22-7		rson 3601 Clarks	
100	DART L DEATH WAS CALL	only one couse per line for (a), (b), or SED BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 100	IMMEDI	TATE CAUSE (0) CARDIO PU	LMONARY ARREST		OTHINS
	A TO STATE OF THE	DUE TO, OR AS A CONSEQU			9
9 6 6 6	Conditions, if ony, which	((b) PROBABLE	ASPIRATION P	NEUNONIA	7 DAYS
2 20	couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF		
	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OF CONDITION GIVE	N IN PART Ito
03 60	Z C	KAPOSI'S SARCO	MA' PETROVIEUS	INFECTION	
C) = 12 6 7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
ا ا اهوم دی	#			YES NO YES	ING CAUSES OF DEATH?
2 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM IS PA	
31 111	OR CONTRIBUTING CAUSE OF		DAY YEAR		
Sept of the sept o	(IF EITHER NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJURY	211 LOCATION		COUNTY
ST S	NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC } STREET	CITY OR TOWN	COUNTY STATE
Q 4 4 5 8 4		spital) attended the deceased from.	MAY 18 19 8		9 So , that (II) we) lost
El Bata	sow the deceased alive obove (1) we) (did) (did	on TULY 13 19 not) view the body ofter death.	86., and that in (my) (aur) opinion	deoth occurred on the dote and hour	ond from the causes stated
AL HID!	22b. SIGNATURE	. O	DEGREE		22c DATE SIGNED
AL D	Sent	T (amivale 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
PUNES HABE OF TAN	22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	22e ADDRESS 600		TO, MD 21205
	SCOTT	CARNIVALE.	MD TGHIN	c +1 = 0	TAL
5 5 5 5 3 3	23a. BURIAL, CREMATION, REMOVA	-	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP	(SPECIFY) Cremation	- 01	reenmount	Balto.	Md .
	74 FUNERAL DIRECTOR		25e DA	TE REC'D. BY REGISTRAR 256. REGISTR	
DHMH - 16 60M 7/84 (VRA 15, 4)	Mitchell-Wiedef	eld Home 6500 Yor	k Road 21212	11 1 5 1986 Hulia De	wish-hansen
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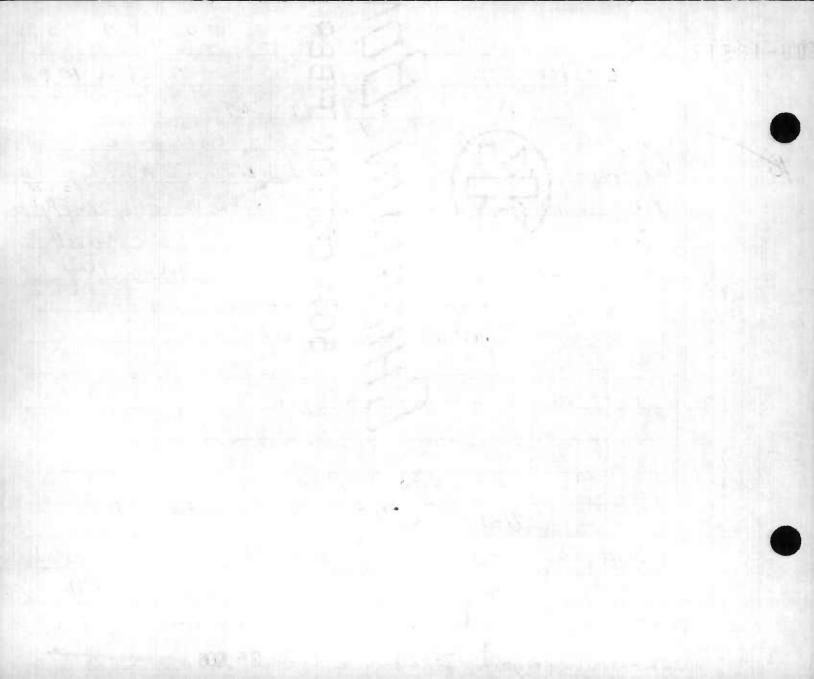
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						STAT	E OF MARYLAND				
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. po	3. SE	Pa 1	4	RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY) IF		F UNDER 24 HRS
en o	/	14R/E		White	2	MONTH	18 12	73	YRS	INTHS DAYS F	HOURS MIN.
2/1/2		RTHPLACE (STATE OR F		CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	FDEATH	
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124	10. CI	TY OR TOWN OF DEA	TH 11	. NAME OF I	HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPA		12 NEW POT B	Academy
1/2/		Baltimore	1	Bon Se	ecours Ho	spita		Retired		Pipef	
27	13a S	AL RESIDENCE (IF NURSI	NG HOME OR OTH	HER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	S / 7IP CODE		
100		aryland	AA		Glen Bu	rnie	YES NOX	7528 B &		. 210	061
12 g	HAJEA	THER'S NAME	MID	DDIE	LAST	1113	15. MOTHER'S MAIDEN NA	ME		1.457	
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1000			N U.S. ARME		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADC	Gren Bui	rnie. MI	
Pod.		Yes	WW I	II	215-03-	0760	Mrs. Grace	Rudisill.	7530 B 8	A Blv	i.
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		Conditions, if ony,	which ((b)	SEP.	TIC	SHOCK				
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of cre		underlying couse	lost.	(Ic)_		NEG	BACTERI	SMIA.			
buric by, a		PART 2 OTHER SIGN	IFICANT COL	NDITIONS CO	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE OR CO	NDITION GIVE	NIN PART TO	
The The	Ö	LEUKOPE	NIA,	LYMPA	FOMA,	ACU	te & Chr. Ken	al prilme,	, ASC	UD TO A	rhAtina
prio prio	CERTIFICATION	19a DATE OF OPERAT	ION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDING NG CAUSES OF	S USED
Z your	TIE							YES NO	YES		NO [
Hygi sh	8	21a ACCIDENT WAS UND		21b. TIME O		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	1 1 OR PART 2}	
in to the	MEDICAL	(IF EITHER NOTIFY MEDIC		P.,		19					
N N N	ED	21d INJURY OCCURR	ED	21e. PLACE	OF INJURY	4 Day 57/ 1	211 LOCATION	CITY OR	IOWN	COUNTY	STATE
rkeo rkeo	2	AT WORK AT WOR	LE	(ATTIONE, STA	LET, TACTORT, OFFICE, T.	ARM, ETC /	1 1		1.1		
ealt ma		220.1 certify that (1)	(this hospital)) ottended th	e deceased from		1/9/ 1988	, to	7/24/19	86 , the	ot (I) (we) fost
for 1		sow the decease above, (1) (see 1.2	d olive on	7	72 / 19 5	, ar	id that in (my) (aux) opinion	death occurred on the	date and hour	and from the co	uses stated
oched Dept.		226. SIGNATURE	0.01	new me body	aner açom.		DEGREE			22c. DATE SIG	GNED
te D		9	Wha	٠			ATTENDING PHYSICIAN	MEDICAL ST	AFF	7/24	180
A State		22d. PHYSICIAN'S NA	ME (TYPE OR PR	RINT			22e ADDRESS			1 7 1	0,3
5 0		HARI K	- BH	ASIN	MI		606 HAMME	NDS LANE	BAL	TO 212:	25
5 % * M	23a. B	URIAL, CREMATION, I	REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(Burial					bs Stone Chu	CITY OF TOWN	110	COUNTY	PA
P		INERAL DIRECTOR			., 00 100.	· ouce	250. DA	TE REC'D. BY REGISTRA	R 256, REGISTRA	AR'S SIGNATUR	
AH - 16 60M 7/84 (VRA 15, 4)		James S	. Kirk	lev. G	len Burn	ie. Mr	9.0	11 29 1986		Widom .	
		0 00000	4 1/11/1/		TOTAL DUTIES	- 9 111			101		



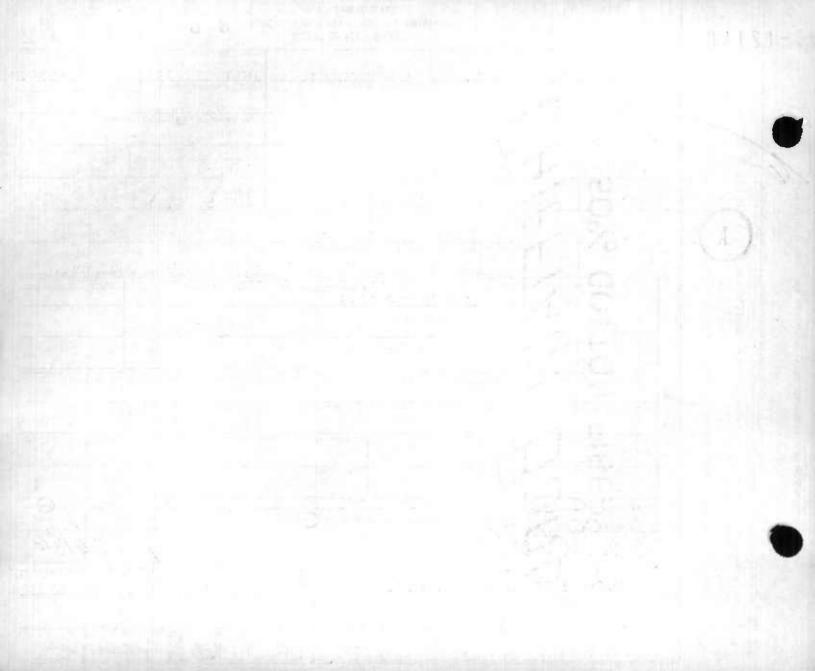


	1			STATE OF MARYLAND			
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yor god	3 5		4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BI	- 0,-	FUNDER 24 HRS
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	er	Virginia	USA	WIDOWED DIVORCED	Bal	Limore	MI
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De Se T	Ust	AL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION GIVE RESIDENCE BE				121210
r 24 h	1		salfimore Bul	imare YES NO [70.0	riversity PKM	ry Apt
withi	14 F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	2 1451	1 1
p lo k)	Colorge	Rus	sell Addie	Model	RUS.	sell
nd on dicol		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL S	ECURITY NO 17 INFORMANT	ADDR		
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2 2 2		18 CAUSE OF DEATH (Enter of	only one couse per line for 10 , (b)	ond ic	- 314	APPROXIMA BETWEEN ON	SET AND DEATH
43 1		PART I. DEATH WAS CAUS	SED BY	ratory arresy	L	SET WEEK OIL	SET AND DEATH
1 121/2		IMMEDIA					
1 1 1 1		Cardinian it	DUE TO, OR AS A CONSE	,	ilus		
9 9 9 9	40	Conditions, if ony, which gove rise to immediate	(b) probab	le pulmonary ent	10/5		
by the		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSE	OUENCE OF			
- 000			((c)				
gne en p burn	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COM	DITION GIVEN IN PART 110	
requestration or to	_	right cer	chval hemis	NI			
A PEGO	CA	190 DATE OF OPERATION	196 CONDITION FOR WH	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	S USED
he le hos t per	/ ≣				YES NO		NO [
ysico ponsion and a shape a sh	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	- 110110 1 11 11011711	21c HOW INJURY OCCUP	RED (ENTER NATURE OF IN)	JRY IN ITEM 18 PART OR PART 2)	
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VDING Plor otter thuse os the ealth and smorked		AT WORK			-,/-	-	
			oitol) ottended the deceosed fro	6.1	, to		ot (1) (we) la
prid for of 1	- 12	sow the deceased alive a obove. (1) (we) (did) (did n	n	ond that in (my) (our) opinion	deoth occurred on the o	late and hour and from the co	uses stoted
OK ATTEN he hospitol DIRECTOR oched for u Dept. of He If Item 21 is	100	226. SIGNATURE	or the we dody onet doom	DEGREE		22c. DATE SIG	GNED
		1111000	W. MA	ATTENDING ,	MEDICAL STA		3/86
= 0 = 4 = 2	-	22d. PHYSICIAN'S NAME (TYPE	yw II	PHYSICIAN [_ DIRECTOR _ PHYSI	CIANA	0/00
FUN FUN build b		Scott		10 3/00 Wy	man Pai	+ Dr But	more
Of Or of M	23a.	BURIAL, CREMATION, REMOVA		36 NAME OF CEMETERY OR CREMATORY	123d LOCATION	7.	
BP		Barial	7-28-86	Arlington Nation	CITY OR JOWN	ton, COUNTY V	STATE .
DHMH - 16 60M 7/84	24 1	UNERAL DIRECTOR			TE REC'D. BY REGISTRA	256 REGISTRAR'S SIGNATUR	E
(VRA 15, 4)	0	40 1 6-10 FT.	20 Pers 175	"ita of ill	25 1000	Julia Davidon-Mar	platte
		I A MALLEY	10	LASTANCE OF 100	- CV 500		

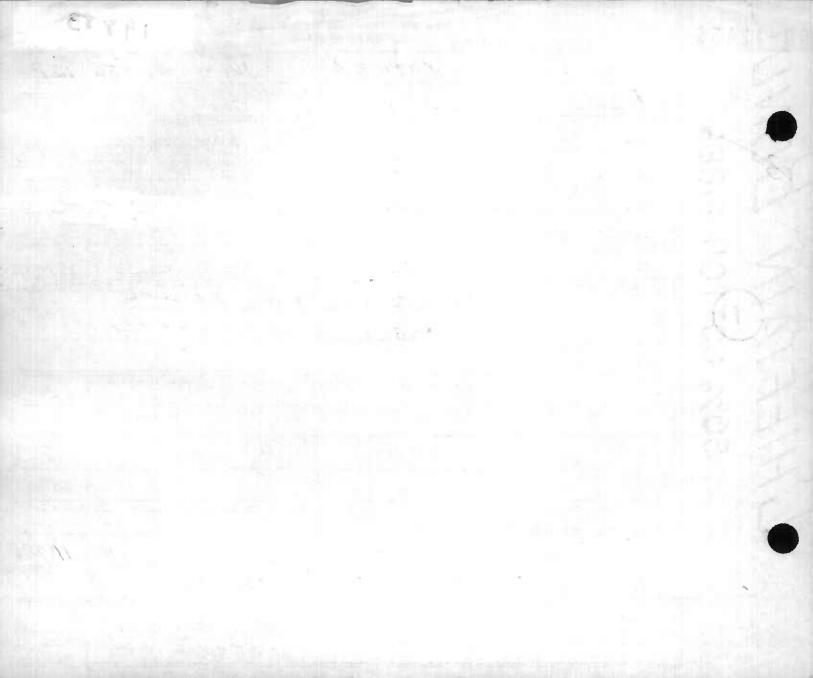


Bilater - Tremensoning many Action District TO ANTE OF THE PERSON NAMED OF THE PERSON NAME WITH MINER

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148		FOR STATE REGISTRAR			FICATE OF I		REG. N		9 8	8 2
		CEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH	MONTH , DAY	YEAR	26 HOUR
		MARY	E.		TKOWSK	Т	JULY 09.	1986		9:23AM
	3. SE)		4. RACE	MON	OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
	c	Female	White		ly 2	1906	80	YRS.		
Same		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	MARR	ED NEVER	MARRIED -	9 BALTIMORE CITY			
1		Maryland	U.S.A			VORCED [Baltimo			MD.
5		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACE	ITAL, NURSING HOME	OR OTHER INS	TITUTION	120 USUAL OCCUPAT	F WORKING LIFE	INDUSTRY	F BUSINESS OR
1		Baltimore		Hospital			Dietary W	(itche	n Mer	cy Hos
16	130 5	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	INTY 13c. (CITY OR TOWN	1134 INSIDE C	ITY LIMITS?	130.STREET ADDRESS			
		aryland		Baltimore		NO 🗌	405 S. (Chapel	St.	21231
2	14 FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S	S MAIDEN NA	ME		LAST	T
10	X.,	John		ing	Mar		Elizat	eth	Zink	and
100		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b :	SOCIAL SECURITY NO	17. INFORMA		ADDR		210	
		no	2	15 14 835	3 John	Scho]	llian 408	Glenwa		
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		IMMEDIA	ATE CAUSE (0) WI	TH METAST	ASIS					
v v				A CONSEQUENCE OF						
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i		underlying couse lost.	(6)	- CONSCOUNTED OF						
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ws ony in	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERAT	ON WAS PERFO	DRMED	200 AUTOPSY?	20b. IF YES, W	NG CAUSES	OF DEATH?
80	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJ	URÝ	21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJU	YES [NO 🗌
7		OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M.	MONTH DAY YEA	3	30000	(Contemporation Co. INTO			
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1		WALKER IMI	PAGLIATEL	LI, M.D.	100 N		BROADWAY 1		. MD.	21231
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			CEASED NAME FIRST		MIDDLE	1/	ST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR -
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pod pod		3. SE:	()	4. RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
the A			emale	C	Auc.	MONTH	DAY YEAR	70	M	ONIHS DAYS	HOURS MIN.
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physicion. Ifter this certificote has been sig	2 7	CERTIFICATION	19g DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION	WAS PERFORMED	20g AUTOPSY?	20b. IF YES.	WERE FINDING	GSTISED
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ok ho DIRE)ept Hen		THE SIGNIATURE 4	0		6.	DEGREE			THE DATE ST	GNED /CC
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TO HO TO Ful should	with the Stot		ALICIA E.	qui,	ROGA		SINAL H	OSPITAL	-		
or respond	3 🛚		URIAL, CREMATION, REMOVAL	236 DATE	23c. N	NAME OF CE	METERY OR CREMATORY	23d. LOCATION			
BP		{	Burial	7/14			nian Nationa	CITY OR TOWN	to. M	COUNTY	STATE
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DHMH - 16 6 (VRA 15							21213 JUL	15 1986	Lilin . The	independent	Marie "
(14	, ,		3331 Brehms	Lane,	BdITO.	VICE .	41413	- 4 0 1000			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 20. DATE OF DEATH MONTH 25 HOUR 6. AGE (IN YEARS LAST BIRTHDAM IF UNDER 1 YEAR IF LINDER 24 HR YEAR 53 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Baltimore city DIVORCED | 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Pattern Maker Lion Brothers 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 4805 Williston Street 15. MOTHER'S MAIDEN NAME MIDDLE Μ. Haines ADDRESS Doris T. Sachs 4805 Williston St. 21229 my ocordial Infarction PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h, IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES | NO YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinian death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN oderick Rd, Catousville 405

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY) Burial

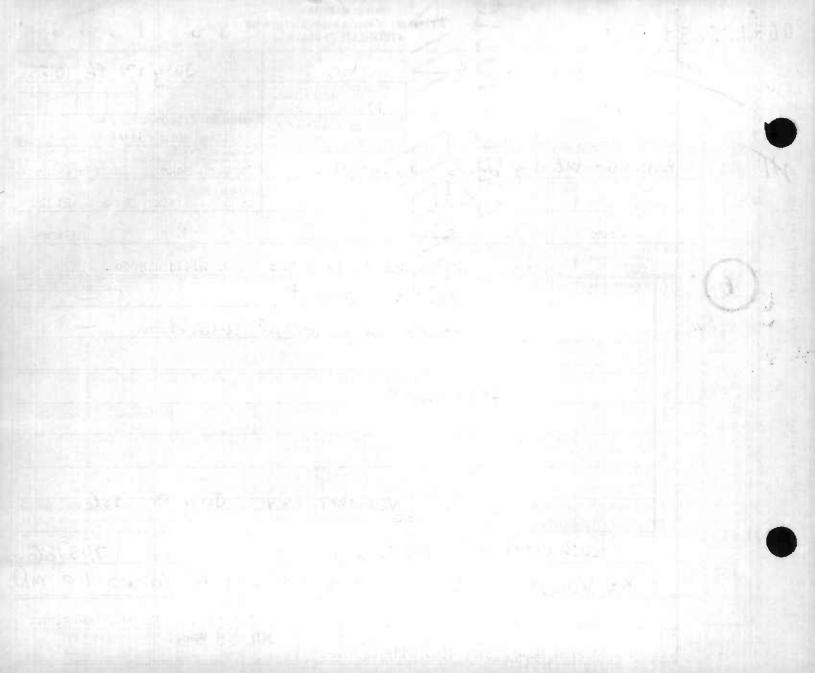
230 BURIAL, CREMATION, REMOVAL 23b. DATE 7/17/86 23c NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Park Elkridge

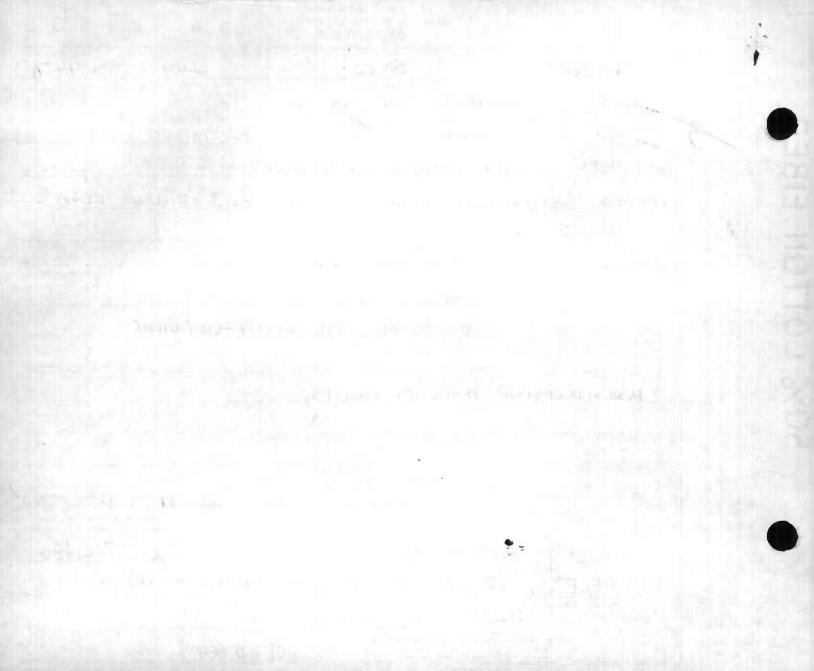
Howard Maryland

24 FUNERAL DIRECTOR

C'D BYREOISTRAR 256. REGISTRAR'S SIGNATURE

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.





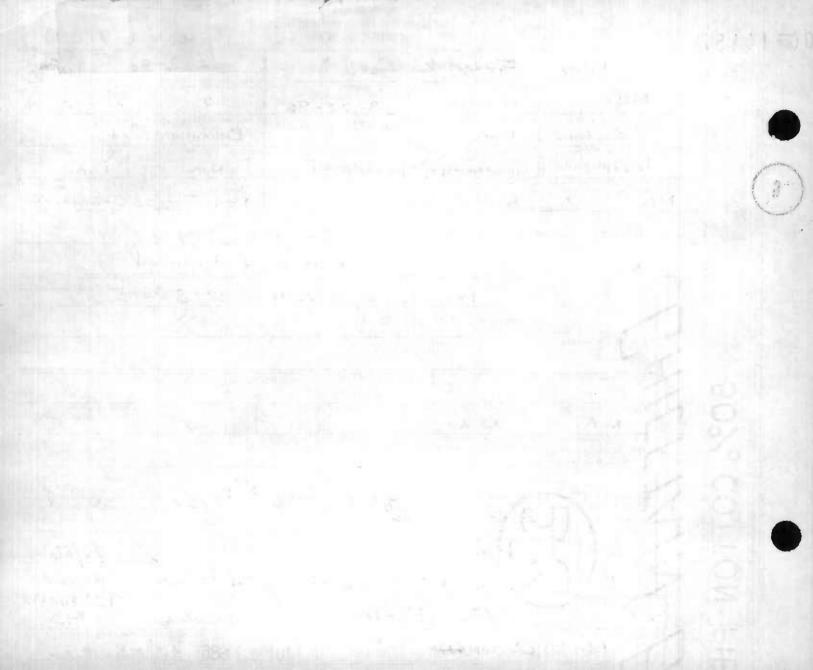
1437	7	1. DE	FOR STATE REGISTRAR CEASED NAME FIRST	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REGINO.	YEAR 12b. HOUR
nay be page 3		(TYPI	ORPRINT) LUCY	H.	SAFFIELD	7/2	8/86 123
e 4 mo		3 SE	Female	Nhite	Jan. 22, 1889	0.27	NONTHS DAYS HOURS MI
orth. Pag ral dire	25			U. S. A.	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
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filled in b	33	13a. S	AL RESIDENCE (IF NURSING HOME OR) TATE Md. 13b. COUN		READMISSION) VN 13d INSIDE CITY LIMITS? VES X NO [136 STREET ADDRESS / ZIP CODE 6012 the Ter	-
and 2 st	300	in.	John Jac		15. MOTHER'S MAIDEN NA Amelia	ME MIDDLE	Klees
oe execu	medicol	16a V	VAS DECEASED EVER IN U.S. ARA		urity No. 17. INFORMANT Bal -6741Mrs. Grace	timore, ADDRESS M. C. Roberts-60	d. 21209
ath certificat ending physic e carbanpapien, ar removo	matic event, 1		PART I. DEATH WAS CAUSED IMMEDIATI	CAUSE (a) CARE	ORESPIRATOR	Y PRREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
that the de d by the att	or ather trau		Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEQU	EXECUTOR CLESCOPI		
equires n signe Then p	, Kunlui	NO	PART 2 OTHER SIGNIFICANT CON 6 ECOLO		DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART TIO
he law rian. has bee	Auo smoi	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
SICIAN: TI ng physici certificate rical-fransif	Hem 18 st		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
3 PHYS ittendin er this c the bur and Me	orked or H	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
20 20 6	É		saw the deceased alive on-	al) attended the deceased fram	/	, ta, death accurred an the date and have	19, that (I) (we) li and from the causes stated
attending spital or o CTOR: After 3 for use as	n 21 is		above, (1) (we) (did) (did nat	view the body offer death.			
OR ATT the haspit DIRECTO	NT: If them 21 is		above, (1) (we) (did) (did nat 22b. SIGNATURE	fant !		MEDICAL STAFF DIRECTOR PHYSICIAN	27c. DATE SIGNED
AL AL	MPORTANT: If Item 21 is		above, (1) (we) (did) (did nat	fand/ CORNED	ATTENDING	DIRECTOR PHYSICIAN	227. DATE SIGNED

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ge 4 may ada: pog safter de	3. SE		Orciental (5. DATE OF BIRTH MONTH 3-22-86	6 AGE (IN YEARS LAST BIRTHDAY) VRS.	IF UNDER LYEAR IF UNDER 74 HRS
Party Por	L	RTHPLACE (STATE OR FOREIGN COUNTRY) Bullimore	7b. CITIZEN OF WHAT COUNT		Baltimore city or count	City ME
1108	L	Baltimore	University o	t Md. Hospardal	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	176 K ND OF BUSINESS OR INDUSTRY
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omplet l'and 2 s		Frederick L		26 Chene	MIDDLE	LAST
be execution and control of second control of se		WAS DECEASED EVER IN U.S. AR YES, NO O'UNKNOWN) (IF YES, GI	VE WAR OR DATES)	SECURITY NO. 17 INFORMANTS O	of declase	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the deoth cert in signed by the attending F Ther please remove carbon ria buriol, cremation, or rem injury, or ather traumatic ev	NOI	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c)	U	O .	
The law ricion. te has bee sist permit. Grene prio	CERTIFICATION	190 DATE OF OPERATION N, A. 710. ACCIDENT WAS UNDERLYING	N.A.	HICH OPERATION WAS PERFORMED	YES NO NO ER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO } \(\bigcap \)
INDING PHYSICIAN- io or attending physics. R. After this certificous orse as the buriol-tron Heelth and Mental Hy is marked or tem 18	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE F ETHER NOTHY MEDICAL EXAMINE 21d IN JURY OCCURRED WHILE ALWORK ALWORK ALWORK ALWORK 22a.1 certify that (1) (this hosp	ATH RI P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF)	DAY YEAR 19 211 LOCATION SIREE1	RRED (ENTER NATURE OF INJURY IN ITEM II	COUNTY STATE
OSPILA OR ATTENDED by the hospital INNEA DIRECTOR INNEA DIRECTOR IN STATE DEPT. OF H. STATE DEPT. OF H. Hem 21 is		276 SIGNATURE SOLE 224. PHYSICIAN'S NAME (1795.	ot) view the body ofter death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN D	126. DAYE SIGNED
BP		BURIAL, REMATION, REMOVAL		234 NAME OF CEMETERY OR CREMATORY Helfandein		Balhmare MD STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME M- LLE	andene :		TE REC'D. BY REGISTRAR 256 REGI	STRAR'S SIGNATURE

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MPORTANT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2a. DATE OF DEATH 2h HOUR Wilbur WHITE BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? Baltimore City DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Painter-John Henry Carston & Son SINAI HOSPITAL OF BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE Baltimore 13d INSIDE CITY LIMITS? City YES FOR NO [5 200 WILTON HEIGHTS AVE. ZUK 15. MOTHER'S MAIDEN NAME Sanders Crowley 17 INFORMANIMYS. Ruth Sanders 166 SOCIAL SECURITY NO 21215 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 5200 Wilton Heights Avenue Baltimore, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF SEPSIS DUE TO, OR AS A CONSEQUENCE OF COPD PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b IF YES, WERE FINDINGS USED 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES 🗌 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC) 22a.1 certify that (1) (this haspital) attended the deceased from_ sow the deceased alive on obove. (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22r. DATE SIGNED ATTENDING MEDICAL DIRECTOR | PHYSICIAN 22e ADDRESS

15PEBurial

FOR - STATE

7a BIRTHPLACE

ME

4 FATHER'S NAME

Maryland

ID CITY OR TOWN OF DEATH

BALSIMORE

I STATE OF FOREIGN

Robert Fulton

Conditions, if ony, which gove rise to immediate couse (o), stoting

underlying couse

190 DATE OF OPERATION

21d INJURY OCCURRED

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

REGISTRAR

DECEASED NAME TYPE OR PRINT

7/31/86

Woodlawn Cemetery Woodlam

DHMH - 16 50M 4/83

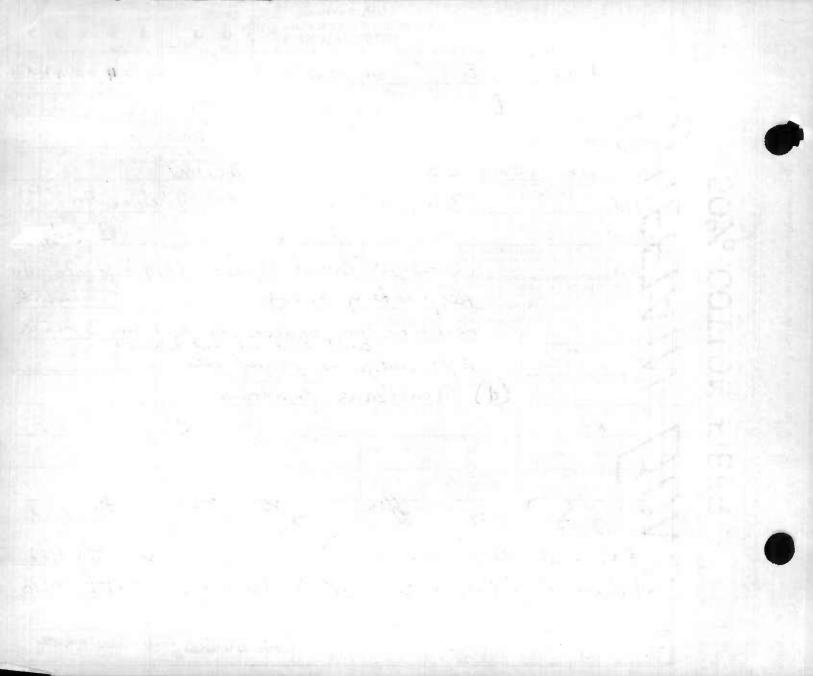
(VRA 15, 4)

CERTIFICATION

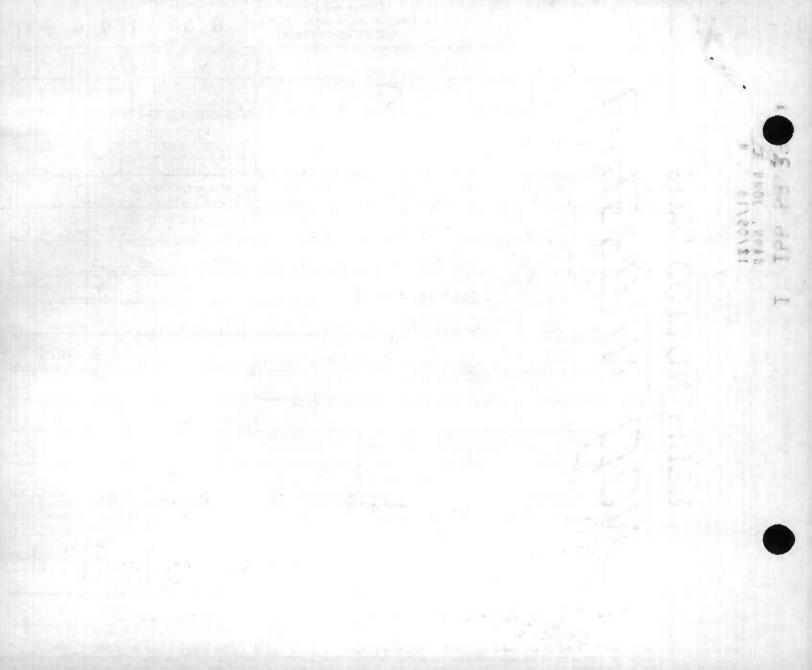
24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 8728 Liberty Road Randallstown, MD. 21133



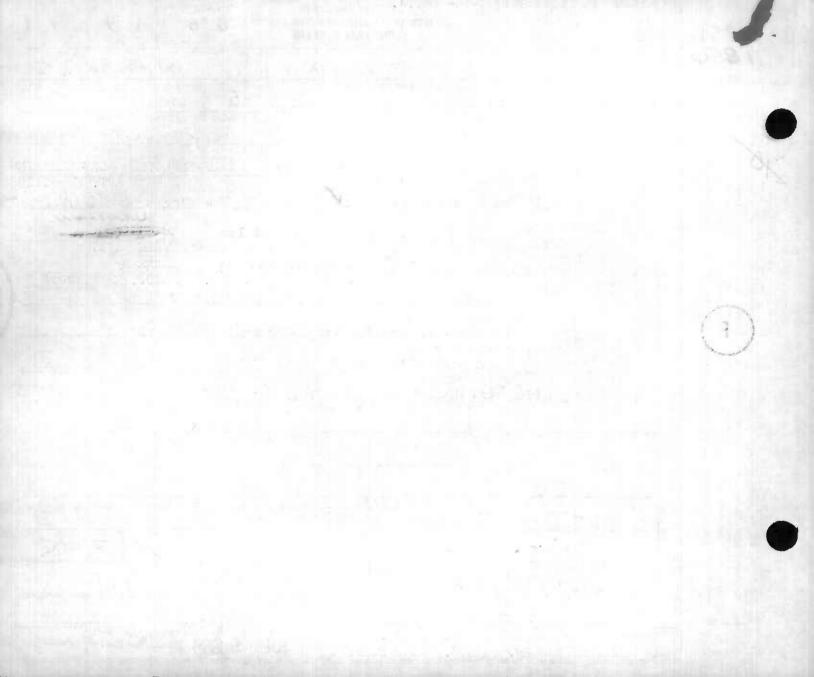
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	T Offer A	3. SE	× =	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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	deoi deoi		Alto, Md.	USA	WIDOWED DIVORCED		CITY MD.
	offer d with	10 0	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
120	n by	1050	al RESIDENCE (IF NURSING HOME OR		REFORE ADMISSIONI	Disabled.	
10 2	X PE	13a	STATE 136 COUN		TOWN . 1134 INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP COU 32/9 / 05em	
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MARYLAND	5			AIDDLE HAS	A DUISE	WIDDLE	Oboston
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ALTIMORE,	n ond Poges		YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 219-	22-8538 Brenda 11	Jack 3218	VACCALLA ALD
ALTI	re b iclor oers.	-		y one cause per line for (a) (h) and (c) 4	714111 2-11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS,	berich on y	CERTIFICATION	19a. DATE OF OPERATION	1 ONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
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	TENDI itol or OR: A or use f Heoli		220.1 certify that (I) this hospit	-170	PP /		., 19_66_, that (1) (we) lost
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	OR borbe		22b. SIGNATURE	0.0	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
	- + - + o	1	Edward	Kechina	PHYSICIAN [DIRECTOR PHYSICIAN	1724/88
	HOSPITAL inned by the FUNERAL wild be det by the Store		22d. PHYSICIAN'S NAME (TYPE OF	PRINTI	22e ADDRESS	1 / 01- 4	2. 14 2122
	TO HOSPITA retoined by TO FUNERA should be dewith the Stot IMPORTANT		Edward	TICHMA	n loll J. W	aries of 1	Salt 21230
		23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	231 NAME OF CEMETERY OR CREMATORY	23d LOCATION	STATE YINDS
	BP	24.5	Burial	7/29/86	Cedar Hill Cemetery	Anne Arundel	Co Má
	DHMH - 16 60M 7/84		UNERAL DIRECTOR	ADD ADD	RESS 25a, DA	E REC'D BY REGISTRAR IN REGI	TRAR'S SIGNATURE
	(VRA 15, 4)	IA!	arch Funeral Hon	ne West 4300 l	Vahash Avenue		and the same of th



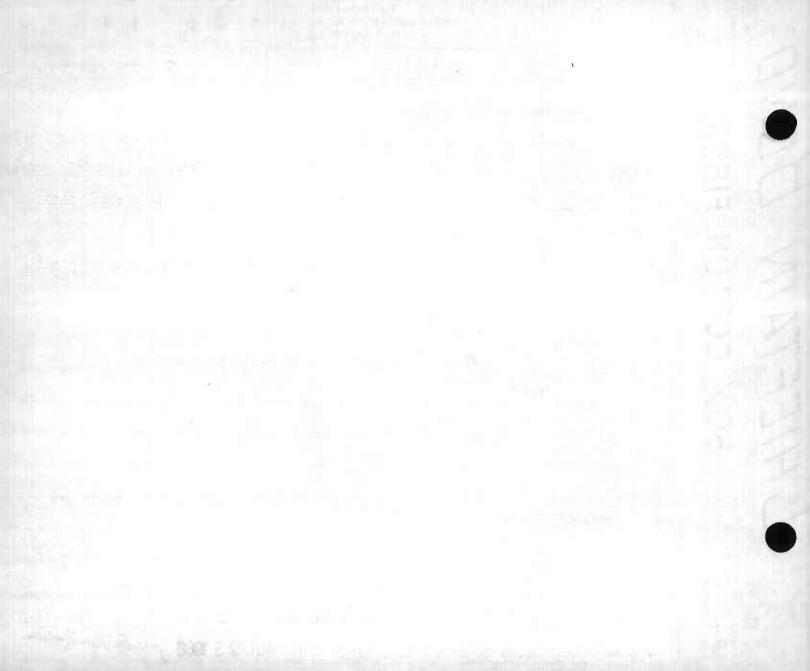
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00-	138	144		FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTA		0 0	. NO.	9	8	90
				DECEASED NAME	FIRST		MIDDLE	ı	AST	2	O DATE OF DEATH	HINOM	DAY YEA	R 2b F	HOUR P
	y be	deo t			JOHN	H	enry	SA	NN		JULY 2	24, 19	386		2:19
	kow 1	ter .	3	. SEX		4. RACE		S. DATE C		EAR 6	AGE (IN YEARS LAST	BIRTHDAY)	MONTHS D	YEAR IF U	NDER 24 HRS
-	ge 5	o su		male		white	e	Dec.			67	YRS			JANES.
	P . P	2 hat	1	O. BIRTHPLACE (STATE OF	FOREIGN		WHAT COUNTRY?	8 MARRIE	MINEVER MARRIE	ED 9	BALTIMORE CIT	Y OR COUNT	Y OF DEATH	Н	
		4 8	25			USA		WIDOWE	D DNORCE	ED 🗆	BALT	IMORE	CITY		MD.
Cont	1	To To	73	0 CITY OR TOWN OF DE			HOSPITAL, NURSING HEACILITY, GIVE STREET		OR OTHER INSTITUTION		20 USUAL OCCUP		12b. KIN LIFE) INDUST	ID OF BUS	SINESSOR
87	-	e E		BALTIMOR JSUAL RESIDENCE (IF NUI		THE	JOHNS H	OPKI	NS HOSPI	TAL	self er	np. ·	Tr	ucki	ng
TO.	0.00	d b		30 STATE MD	135 COUN	VIY	13c. CITY OR TOW Millersv	N	134 INSIDE CITY LIM		e.STREET ADDRES	SS / ZIP COL	211	08	
Y L		A	ni	4 FATHER'S NAME			A 17	1110	IS. MOTHER'S MAID				211	00	
NA S	*W	1 /A	14	John	Н	MIDDLE	Sann. S	r.	Mary		WIDDLI		Lil1	LAST	
Ow		1/1	- V	60 WAS DECEASED EVE			16h SOCIAL SECU		17. INFORMANT		ADI	DRESS	LIII	eall	
Ş-1	- F	Pog med	2	yes no or unknown)	(IF YES CIV	TT OR DATES)	218/01/1	523	Loni M. S	Sann	(wife)	same	as 13		
BALTIA	ote 1	avail		18 CAUSE OF DEA									BETW	ROXIMATE	INTERVAL AND DEATH
	rific	an pour		PART I. DEATH V	IMMEDIA1	TE CAUSE (a)	ardiae	Arres	+				1	المثم	
W. PRESTON	death ce	ove carb tian, ar r oumatic		Conditions, if on			RASA CONSEQUE	ENCE OF	rest				y	au.	J
	hat the	ase remo	9	gave rise to in cause (a), stat underlying caus	ng the		RAS A CONSEQUE		decomposition	ather			2	yes	15
05, 20	uires †	hen ple a buria jury, er		PART 2. OTHER SIG	NIFICANT (AL DISEASE OR CO	ONDITION G	IVEN IN PAR	T 1(a	
DIVISION OF VITAL RECORDS, 201	he law rec	t permit. T ene prior 1 gws any in	1	190 DATE OF OPERA	ATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED)	200 AUTOPSY?	IN CERT	ES, WERE FIN IFYING CAU	JSES OF D	JSED DEATH?
OF VIT	SICIAN: T		-	OR CONTRIBUTION TO	CAUSE OF DE	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY O	OCCURRE			PART I OR PART	2)	7
VISION	G PHYS	and Me		21d. INJURY OCCUI	RRED	21e. PLACE			211 LOCATION STREET		CITY OF	RIOWN	COUNTY	r	STATE
٥	TOP. A	for use a of Health 21 is man		220.1 certify that ((his hospi	tal) attended the		11		SC opinian dec	to July ath occurred an in	date and ha	1986	, that ((1) we lost
	AL OR A	detached bte Dept. IT: If Item		226 SIGNATURE	rdA	- you	ell		DEGREE ATTENE	DING CIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN M.	-	ATE SIGN	S6
	O HOSPIT etained by	should be detaction with the State D	7	22d. PHYSICUMS N	AME (TYPE O		well		72. ADDRESSO 0 The 50	N.	WOLFE S	,	LTO	MD.	21205
	Of gar	- ₹ 3 ₹-	1	3a BURIAL, CREMATION	, REMOVAL				EMETERY OR CREMA		234. LOCATION CITY OF TOWN		COUNTY		STATE
	BP	-		(SPEBurial S	20	28 141	y 1986 M	aryla	nd Vet. Ce		Crownsv	ille,	AA	MI	
		6 60M 7/8	34	Singleton F	unera.	1 Home,	Glen Bur	nie, l		250. DATE R	2.9 1986		STRAR'S SIGN		, m
			-							-,UL	0 0 1000				



	1		em G617 7-16-86	STATE OF MARYLAND		
- 356	1	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	1989
11856		CEASED NAME FIRST	MIDDLE	CARRED = ETA	20. DATE OF DEATH MONTH	05 86 10 45
4 44	1	SOLO		SAPPERSTEIN	01	12 A M
4 55	3, 58	M ALE	4 RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
and die	7n 0	ALE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	10 18 xxx 9	A BALTIMORE CITY OR COLL	
i if T	7	RUSSIA	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		
10/11/17	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION	126 KIND OF BUSINESS OR
10 33 %		TSALTIMORE	SINK TOSI	P OF BALTMORE	GET E 5145 - 0	YED DRY CLEANIN
2 33 D	The.	AL RESIDENCE (IF NURSING HOME C	JNTY 13t CITY OR TO	WN 113d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	ODE APT. C #2120
7 71 2	1	MT) TS	BETTIMBRE BOUND	15 MOTHER'S MAIDEN N		HEIGHTS AVE
1 1130	1	TKARIONA	MIDDLE Q A A OF OC	FIRST	MIDDLE	UNRALLIN
10 to		WAS DECEASED EVER IN U.S. A			. IDA SAPPERSTE	IN APT C
Pope es		(IF YES G	IVE WAR OR DATES) 217 31	9365 MANTENERANDERAX		MRXXX-
1 0 4 4		8 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), o			O., MDPPROMATE OR VAL
Physical Phy		PART I. DEATH WAS CAUS	ATE CAUSE (a) CALONO DI	UMDNORY BYLEST.	+ HUPOTENTAION	
		Section 1	DUE TO, OR AS A CONSEQ	UENCE OF	1- 0-001-	
4 (5 30 0)		Conditions, if any, which gove rise to immediate	(16) MULTIPL	E PHUMONAPY EN	130LI; SEPOS	y-We -
1 444		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (c) VENOUS		EXTREMOTY	
a plant	1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO		MINAL DISEASE OR CONDITION	GIVEN IN PART 11g
They are	S S	Squimmous (CEU CARCINOUM			- Subthalomic Now
4 4118	FICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
410 2414	CERTIF		ALL THAT OF HALLIEN		YES NO	YES NO
A STATE OF		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2)
State of the state	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINI	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
41 1 1	ME	NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
ADIN AND AND AND AND AND AND AND AND AND AN		-	pital) attended the deceased from	619186 1986		
1 0 4 5 5 E	16	saw the deceased alive a abave (1)(we) (did) did n	n 7 / 19	, and that in (my) (aur) apiniar	n death accurred on the date and	have and fram the causes stated
Dept.		22b. SIGNATURE	24.	DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED
7 7 7 1 1 1 - W	-	226 PHYSICIAN'S NAME CTYPE		M.D. ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	1 7/5/86.
FLINES old the ORTAN		Unger	AN VICKEN	/ XINA	1 HOSP OF	RAT.
5 5 5 5 3	23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	1236 LOCATION	
BP		BURIAL		CHIZUK AMUNO	BALTIMORE	MARYLAND
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR SOL	LEVINSON & BROS,	INC. 250 DA	TE REC'D. BY REGISTRAR 256. REC	SISTRAR'S SIGNATURE
(VRA 15, 4)			N RD. BALTO. M		IL 9 1986 Ficha	Davidson-Apridable



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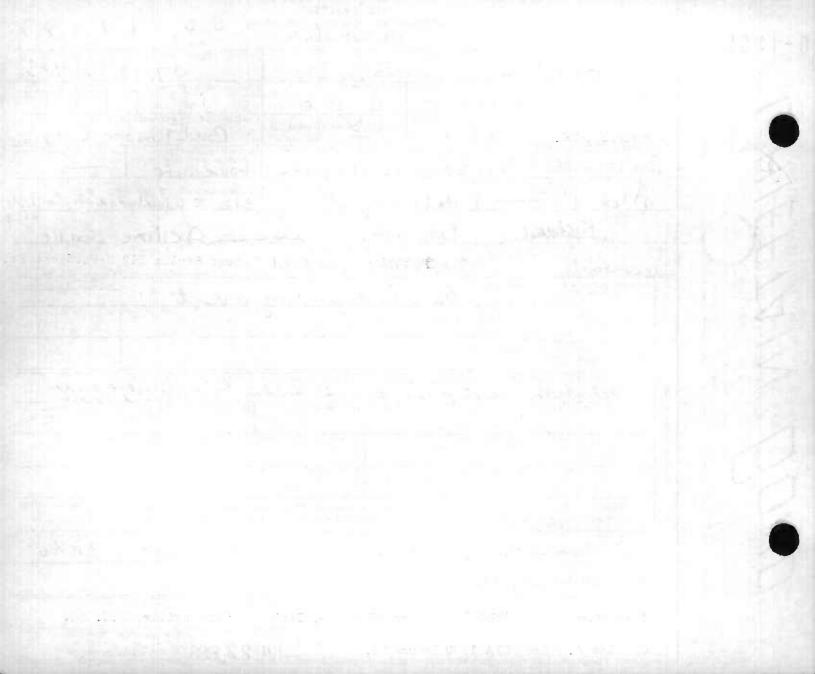
die e			FOR		DEPARTMENT OF H	EALTH AND MEI		NE			
00-	14183		STATE REGISTRAR		CERTIF	ICATE OF DEA	ATH	8 RE 6 NO	D.	9 11	6
	page 3		CEASED NAME FIRST CORPRINT)	LRY CRY	5	tu AGE	5	20. DATE OF DEATH	7 2	5 86	5 35 PM
	ge 4 may ectar, po rs after d	3. SE:	JA W	BLACK	5. DATE C		38	AGE (IN YEARS LAST BIRT		FUNDER TYEAR	HOURS MIN.
	eoth. Por		RTHPLACE ISTATE OR FOREIGN COUNTRY) ARYLAND	76. CITIZEN OF WHAT C	OUNTRY? 8 MARRIE WIDOWE	NEVER MAR	RRIED	BALTIMORE CITY O	COUNTY	OF DEATH	MD.
5	s ofter d	10.C	ACTIMOREMD	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY	L, NURSING HOME C GIVE STREET ADDRESS)	OR OTHER INSTITU		20 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Draftman			BUSINESS OR
ND 212	24 hour	13a S	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN	ITY I3c CIT	DENCE BEFORE ADMISSIONALY OR TOWN	13d. INSIDE CITY YES X N		3. STREET ADDRESS /	ZIP CODE	alto. I	Md. 21207
MARYLA	mpletely ond 2 sh	14 FA	THER'S NAME FIRST Theodore	MIDDLE	LAST avage	15. MOTHER'S M FIRS Mar	ST .	MIDDLE		uast Willia	
IMORE,	n and so		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SO	CIAL SECURITY NO.	TI INFORMANT	10000	. Savage B	503 No	ruond I	Avenue
T., BALT	physicia physicia in papers. smaval. event, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for	(a), (b), and (c).	HTAJ				BETWEEN O	MATE INTERVAL ONSET AND DEATH
PRESTON S	death cer sitending sve carbo tian, ar re aumatic e		Conditions, if any, which		CONSEQUENCE OF	EM-CO	MPR	ESSION			7
1 W. PRI	by the case remail, cremail		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A C	CONSEQUENCE OF					5	gar.
RDS, 20	equires to signed. Then ple to burio injury, ai	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBU	ITING TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CONI	DITION GIVE	N IN PART 1 0	
AL RECORDS	he law r on. has bee t permit. rene pria	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORM	NED	200 AUTOPSY?		WERE FINDIN	
OF VITA	ICIAN: T g physici ertificate ial-transi ntal Hygi em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MC	Y ONTH DAY YEAR 19	21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJUR	A BI MATI MI Y	RT OR PART 2)	
DIVISION OF VIT	artendin ter this c is the bur hand Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU (AT HOME, STREET, FACTO		211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
٥	TTENDIN pital ar TOR Af far use a of Health		saw the decoased alive an above, (I) (we) (did) (did no			nd that in (my) Ou	pri) pinion de	to } - 2	te and hour	9 Kb , t	hat (I (we) ast
	FAL OR A Y the has RAL DIREC detached one Dept.		226 SIGNATURE S. RO	n lub.			ENDING YSICIAN	MEDICAL STAP		22c. DATE !	15-86
	TO HOSPITAL TO FUNERAL Should be de with the Stotl		ROSS A	OR PRINT!		22e ADDRESS	u H	spital	- Ras	timo	X-C
	5 5 5 ¥ ¥ ₹		SURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION		COUNTY	STATE
	BP		Cremation	7/26/86		Process		. Catonsvi		M	lary land
	DHMH - 16 60M 7/84		NTTERE CORSONS FO			16	AUG	REC'D. BY REGISTRAR	D		
	(VRA 15, 4)	230	01 Gwynns Falls	PKWY. Balt	.O. P.O. 212	.10	1 700	1 1986	refranchis	order A	and a little

nittin auffer and antine M. Yel Charles Man vas, epsyst ama III Tions of the n n July 512 . MILE E SING ANTHONY HAVE , INC. 251] Gwyyn Falls Mar. Balto. vd. 21215

-14205		FOR STATE REGISTRAR		EPARTMENT OF I	E OF MARYLAND EALTH AND MENTAL HY COUNTY OF DEATH	REG. N	0.	9 6	3 9 5
. m=		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
oy be oge 3 deoth		RANDOL		SAVA			31	86	9:40P M
and	3. SE	MALE	4. RACE BLACK	5 DATE (DE BIRTH 15 1923	6 AGE (IN YEARS LAST BIR	YRS.	FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN,
B 32 0		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8	D X NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
10 mm (1) mm	1	Va	USA	WIDOW		1 0 2 1	city		MD.
6H 40		altimore	11. NAME OF HOSPITAL,	NURSING HOME OF STREET ADDRESS) HOSPital	DR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O	ION	126 KIND OI INDUSTRY U. S. (f BUSINESS OR Government
9 11 2	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE	DROTHER INSTITUTION, GIVE RESIDEN JNTY BATT	OR TOWN 1 MORE	134 INSIDE CITY LIMITS? YES (NO .	13e STREET ADDRESS 19 S. Ell	zip code amont	Street	21229
4 125	14 F/	Sarce	Sava	age	Clarsie	AME			hney
A and a house of the same of t		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES G		14-8599	Irene Sava	ge 19 S. Ell		Street	
frank à obyvera opper nesol		PART I. DEATH WAS CAUS	only one cause per line for 1a ED BY: ATE CAUSE (a)		INFARC				MATE INTERVAL DISET AND DEATH
ING PHYSICIAN: The low requires that the death certificate executive the death certificate executive the object of the buried to a specificate has been signed by the otherding physician. Then please remove carbon page. Pages the and Mental Hygiene prior to buriof, cremotion, or removal orked or them 18 shows any injury, or other troumatic event, me medical		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	ARTON OF BRAL &	PULMOUAR? EMORRITAGIC NOT RELATED TO THE TER			w	urs EEKS
The low requiction. The hos been significant permit. The shows only injure.	CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? YES NO		WERE FINDIN	
SICIAN: The ng physicion certificate human price of the p		210. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE		ITH DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM TB PAR	RT 1 OR PART 2)	
DING PHYS or offendin After this c e os the bur olth ond Me morked or f	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TTENDI pitol or TOR. 4 for use of Heal			2/2.	19 86 0	7/8 19 19 nd that in (pyT(our) apinio		31, 19 ote and hour	9_F	hotat (we) lost couses stated
TO HOSPITAL OR A retorned by the hosy TO FUNERAL DIRECT should be detoched with the Store Dept.		226. PHYSICIAN'S NAME (TYPE	V		ATTENDING ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	FF IIAN DO	F/	SIGNED
O HC From From From From Should with the		1) usus 2	PEARCHAN		ST. ADNES	190SPIPE	900 S	CARA	· AUS
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 8/5/86		n Forest Vet		Mi	COUNTY	STATE
DHMH - 16 60M 7/B4		UNERAL DIRECTOR		PASSES SERVICES	25a D	ATE REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNATU	
(VRA 15, 4)	Ma	rch Funeral Hor	me West 4300 ^	Wabash Av	venue A	UG 5 1086	nelia Da	indra-ile	anda III.

STATE OF THE PROPERTY

	4			STATE OF MARTLAND	4.4	
052	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		9891
027	1 05		WIDDLE	LAST	REG. NO.	4
m 4	TYPE	CEASED NAME FIRST	MIDDLE	LASI	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
page 3	M;	arie emel	la	Sawlts	07/1	7/86 42 PM
te b	3. SEX	C	4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 ARS
o su a	.00	Vermale	Courasian	11 16 09	76 ¹ YRS.	
2 26		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	<i>p</i> .
0	B	ougtouch Md.	USA	WIDOWED DIVORCED	Baltin	ore City MD
2	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IENOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR
皇一重なり	6	soltimore	Bun See	OURS HOSPITAL	House wife	INDUSTRI
976	USUA 13a S	LA RESIDENCE (IF NURSING HOME OR			13e.STREET ADDRESS / ZIP CODE	C- 8
3		1110	Be	LTIMER YES NO [312 2- Wood	year 21. 12ALTO1
· 5	14 FA	THER'S NAME	MIDDIE - LAS	15. MOTHER'S MAIDEN NA	WE	21
		Loichan	do Do	Siocole CLAL	Cur. Obelton	e Galle
1 1		AS DECEASED EVER IN U.S. AR		SECURITY NO. 17. INFORMANT	ADDRESS	
2 1	()	ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 263-2	35-545111 Chart	Robert Saults 31	12 S-Woodyear S
the r			1700-			APPROXIMATE INTERVAL
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (o), (C1.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
event,			E CAUSE (o)	rello Respustory	arrest	
afic			DUE TO, OR AS A CONS	SEQUENCE OF		
nave carb notian, or traumatic		Conditions, if ony, which	((b)			
in tre		gave rise to immediate couse (a), stating the	DUE TO OD AS A SOLVE	FOLIENCE OF		
, cre		underlying cause lost	DUE TO, OR AS A CONS	SEQUENCE OF		100 100 100 100
ar			(c)			
o bur	2	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	EN IN PART LIGI
- 0 X	일	veryande	m, Menal fai	lene, anome, and	m, The lane	1 (rally
prior	OA	19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
rial-transit per ental Hygiene Item 18 shows	E					NO [
Hygiene 18 shows	CERTIFICATION	71a. ACCIDENT WAS UNDERLYING	LIQUID A MA MONITI	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PARI 2)
Item I	¥	OR CONTRIBUTING CAUSE OF DEA				
A Men	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	19 ZII LOCATION		
0	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, O		CITY OR TOWN	COUNTY STATE
olth and marked		AT WORK				
0 E	4	22a 1 certify that (I) (this hospi				19 that (I) (we) los
S T S		saw the deceased alive on		.19, ond that in (my) (our) opinian	death occurred on the date and hour	and from the couses stated
for us of He 21 is		obove, (1) (we) (did) (did no	f) view the body ofter deoth.			
hed for us ept. af He Item 21 is		saw the deceosed olive on obove, (I) (we) (did) (did no 27b. SIGNATURE	t) view the body offer death.			220 DATE SIGNED
etoched for us te Dept. af He : If Item 21 is				M.D. ATTENDING	MEDICAL STAFF	120 DATE SIGNED
se detoched for us Stote Dept. af He ANT: If Item 21 is		D. Shawan	Iden for Co	ulter M.D. ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	7/2-/21
Stote det		22d PHYSICIAN'S NAME (TYPE O	Iden for Co	M.D. ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	7/2-/2-
MPORTANT: If them 21 is		D. Shawan 27d PHYSICIAN'S NAME (TYPE O SHAMS	lden for Co	M.D. ATTENDING PHYSICIAN [270. ADDRESS	DIRECTOR PHYSICIAN	7/2-/2
should be detoched for us with the State Dept, af He IMPORTANT: If Hem 21 is		22d PHYSICIAN'S NAME (TYPE O SHAMS	lden for Co RPRINT) UDDIN 1236. DATE	ulter M.D. ATTENDING PHYSICIAN [DIRECTOR PHYSICIAN 7	7/18/86
4 4 T		D. Shawan 27d PHYSICIAN'S NAME (TYPE O SHAMS	lden for Co	M.D. ATTENDING PHYSICIAN [270. ADDRESS	DIRECTOR PHYSICIAN	7/18/86
Should be detached for use to the should be detached for use with the Stote Dept, of the IMPORTANT: If them 21 is	(22d PHYSICIAN'S NAME (TYPE O SHAMS	lden for Co RPRINT) UDDIN 1236. DATE	236. NAME OF CEMETERY OR CREMATORY Westview Mem. Park	DIRECTOR PHYSICIAN 7	7/18/86 B.C. Md. STATE

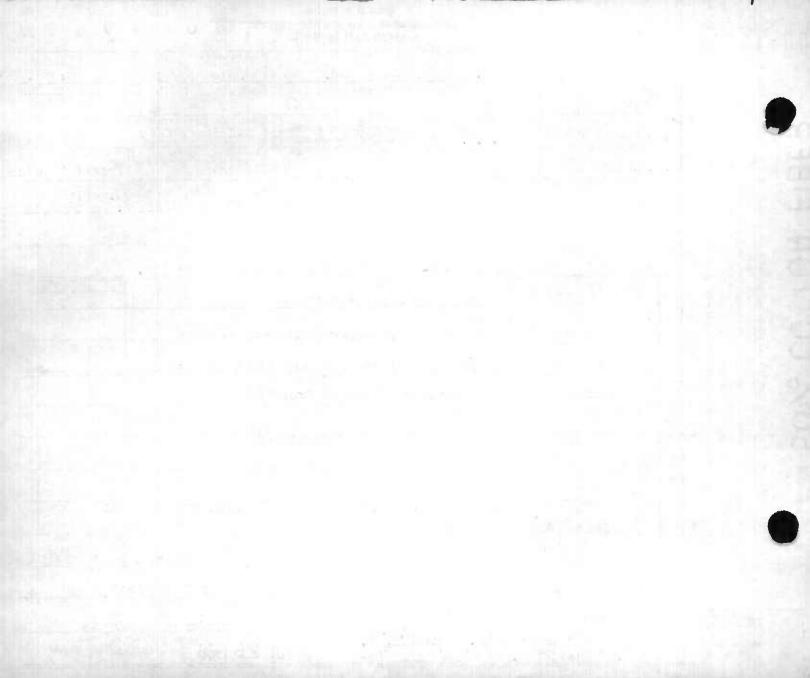


(VRA 15. 4)

STATE OF MARYLAND

		FOR					E UF MAKTI						
li n	1.	- STATE REGISTRAR		CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 9 9									
1.0		CEASED NAME	FIRST		WIDDLE		A51		20 DATE OF DEAT		DAY YEAR	26. HOUR	
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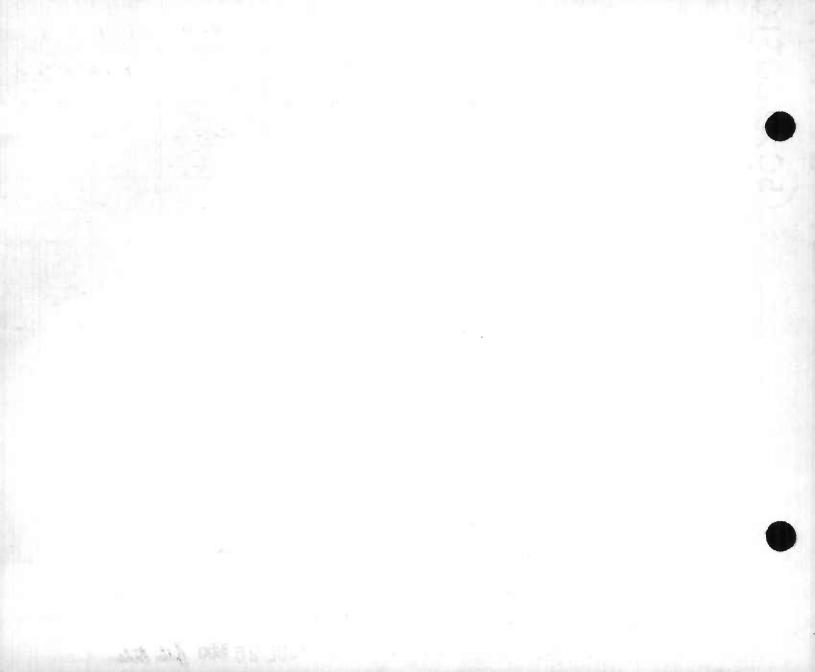
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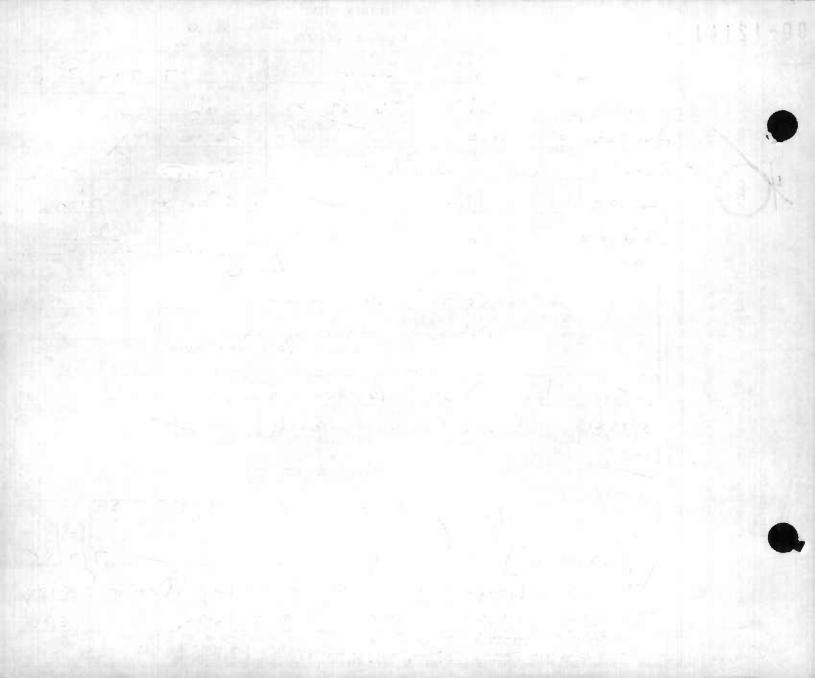
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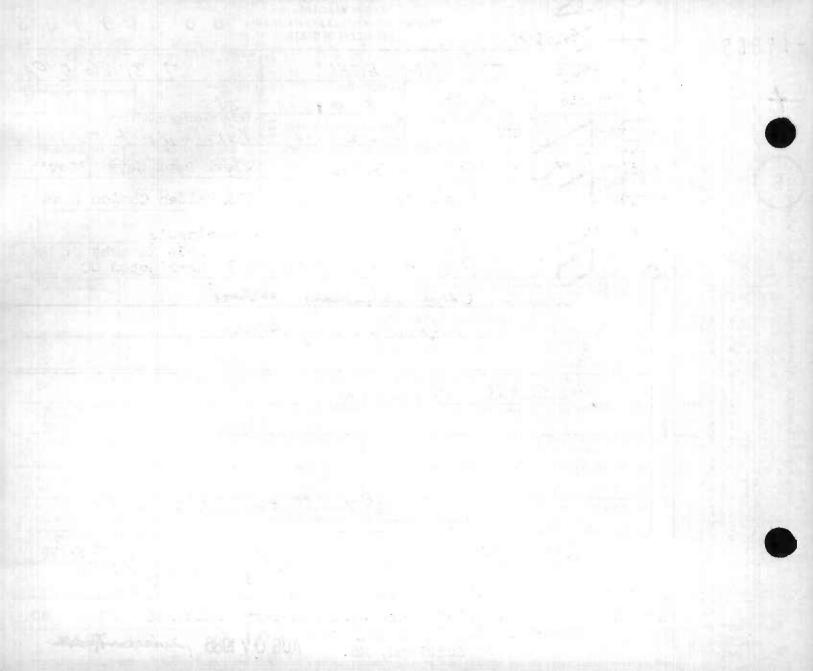
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220. I certify that (I) (this haspital) attended the deceased from	ON HYSE ding ding Duri Amer Amer	D C		21e PLACE OF INJURY 21f LOCATION	CITY OR LOWE	COUNTY
220. I certify that (I) (this haspital) attended the deceased from	VISI G Py orten orten s rhe i ond ked	¥	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CITY ON TOWN	COUNTY
DEGREE 276. SIGNATURE DEGREE 276. SIGNATURE 276. SIGNATURE DEGREE 276. SIGNATURE STAFF	3000			tal) attended the deceased from, 19	, to1	9, that (I) (we) last
276. SIGNATURE DEGREE 276. DATE SIGNED 276. DATE SIGNED	TTEN Pirtol For u		sow the deceased alive on	19, and that in (my) (aur) opinion of	death occurred on the date and hour	and from the causes stated
O THE A DESCRIPTION OF THE PROPERTY OF THE PRO	A N D - E					274 DATE SIGNED
122d. PHYSICIAN'S NAME (TYPE OR PRINT) 122d. PHYSICIAN'S NAME (TYPE OR PRINT) 122e. ADDRESS 122e. ADDRESS	the Date Date Date Date Date Date Date Dat		M avan			
Proprié de Margaret Adams	SPIT SPIT SPIT SPIT SPIT SPIT SPIT SPIT		224. PHYSICIAN'S NAME TYPE O	R PRINT) 22e ADDRESS		
	POR POR		Marga	ret Adams		
1 130 BONIAL, CREMATION, REMOVAL 1230, DATE 1231, NAME OF CREMATOR 1230 CONTROL	Of of which of the order	23a I	BURIAL, CREMATION, REMOVAL			
BP_ (SPECEY) SINA 3-17-86 SINA HOSPIAL BALTO COUNTY STATE	BP		(SPECIET)	13-17-86 SINA! HOSPITAL		
				The same of the sa	17 10 10 10 10 10 10 10 10 10 10 10 10 10	
DHMH - 16 50M 4/B3 (VRA 15, 4) 24. FUNERAL DIRECTOR NAME ADDRESS ELVEGERE AU JUL 25 WEB ALL REA ADDRESS	DHANH - 14 5084 4/82	24. F			E REC D. BY REGISTRAR 238. REGIST	RAR'S SIGNATURE
	DUANU TA SONA 4/92	24. F			E REL D. BY REGISTRAK 230. REGISTA	RAR'S SIGNATURE



10-12161	FOR - STATE	DEPA	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	GIENE 8 6	19902
00 12141	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
+	I DECEASED NAME HETEN	MIDOK.	Schisler	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
2 10	Here		Schister	7	786 2 PM
1 1	3. SEX	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
- 5 11	Female	White	MONTH DAY YEAR	Ch YRS	
2 41 70	70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIED NESEDETATED	9. BALTIMORE CITY OR COUN	ITY OF DEATH
1 1/1/	HUNDA) 150 h	484	WIDOWED DIVORCED	RACIO	MD.
11/11/10	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES	RSING HOME OR OTHER INSTITUTION TREET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
0 1	Bacra City	UNIV 00 MG		Secretary	State of Md.
E AL ALLES	USUAL RESIDENCE (IF NURSING HOME O			13e.STREET APPRESS / ZIP CO	DDE Apt. 1 B
3	- CHOW THE	13400		15 E 14 MD 5	51505
1 17010	14 FATHER'S NAME	MIDDLE , 1 LAST	15 MOTHER'S MAIDEN N	AME MIDDLE	LAST
W P V	THEODORE	Karnes		4000000	Successi
MORE Popes		INOWN 166. SOCIAL S	6	ed Brown (friend) 5024 Erdman Ave 21205
TAL DEC DE D	18 CAUSE OF DEATH (Enter o	inly one cause per line for (a), (b			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
t. a	PART I. DEATH WAS CAUS	ATE CAUSE (0) CARDIS	alseron Areis		ZMONNES
NO de de se		DUE TO, OR AS A CONSE			
deot deot deot tion, sum	Canditians, if any, which	~ / \	conc Horocarca	ama -	
2 4 4111	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	1 0	JUSIAME OSIGIT	
of co	underlying cause last	(c)			
S. 2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUNNOT RELATED TO THE TER	MINAPDISEASE OR CONDITION	GIVEN IN PART Tra
080	¿ CARONIC	LUG DICES		tailing	
9 1 1111	THE DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
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NO SE	a work C legt most C			7 / 7	VI.
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0 2 0 20 4		14. 1	ATTENDING	MEDICAL STAFF	THE DATE TORED
E 5 5 5 5 7	A PHYSICIAN'S NAME (TYPE		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	11114
HOS PER	10000	e F. DATRI		Mallo	
02 021 9					
55 5213	THE BURIAL CREMATION PEMOVAL			1334 TOCATION	DE DECKEN
BP.	The BURIAL CREMATION, REMOVAL	L 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP		7/9/86	23c. NAME OF CEMETERY OR CREMATORY Westview Cremato	bry Balto.	COUNTY Md. STATE



				STATE	DF MARYLAND				
965	1 -	FOR STATE REGISTRAR ANN	A DEP		ALTH AND MENTA		5 G. NO.	9 9	0 3
u n∈		CEASED NAME FIRST OR PRINT) A WA	MIDDIE	C 41 F		26. DATE OF DEA		1 86 3	26. HOUR
and and a	3. SE		RACE	CHLE(BIRTH	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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40	10. CI	3ALTIMORE	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE ST - AGNES	JRSING HOME OR		N 120 USUAL OCCL	PATION	12b. KIND OF INDUSTRY AVY USG	ov t
1	130 S M	at RESIDENCE (IF NURSING HOME OR OF CATE 136 TO UNIT	other institution give residence	TOWN	3d. INSIDE CITY LIMI	. 171 Mag	ss/zip con den Cl	noice L	ane
130) FA	THER'S NAME Francis	Sajta	T	5. MOTHER'S MAIDE FIRST	unobtair		LAST	
Poges medical	15	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE 10	NED FORCES? 16b. SOCIAL 215-5		I INFORMANT Leo B SC		388 Kar ashingt		
or removal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		arguer	way	arrest	•	BETWEEN ON	ATE INTERVAL ISET AND DEATH
leose remove carb iol, cremation, or i or other troumotic		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	(b) CAS DUE TO, OR AS A CONS	SEQUENCE OF	wley.	dirase			
Then plants to burninjury, o	NO.	PART 2 OTHER SIGNIFICANT CO	1 40	ordon		ETERMINAL DISEASE OR	CONDITION GIV	EN IN PART Tra	
Shows any	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDING FYING CAUSES O ES	
OT W		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR		CCURRED (ENTER NATURE O	FINJURY IN ITEM 18	PART OR PART 2)	
as the burial-tr	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AL WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC }	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
d for use as 1. of Health m 21 is mark		22a.1 certify that (1) (this hospito saw the deceased alive an abave, (1) (we) (djd) (did nat)	21/30	.1986, and		86, ta 7/ pinian death accurred on t	he date and have	ir and fram the ca	
detached to the control of the contr		22d PHYSICIAN'S NAME ITYPE OR	Just			IAN DIRECTOR PH		7/3/	SKED 86
should be deto with the State [IMPORTANT: If		Z. W. BUT	T UD		22e ADDRESS 63 ELKR	25-WASH	-		
, , <u>=</u>	230 E	BURIAL, CREMATION, REMOVAL	4August86	Cedar H	ill Ceme	etery Sur	Eland	TG	MD
16 60M 7/84 A 15, 4)	24 FU	UNERAL DIRECTOR RObert		Funera Land, M	I Home	6 0 7 1986	fula Daire	lan Alanda	ie.

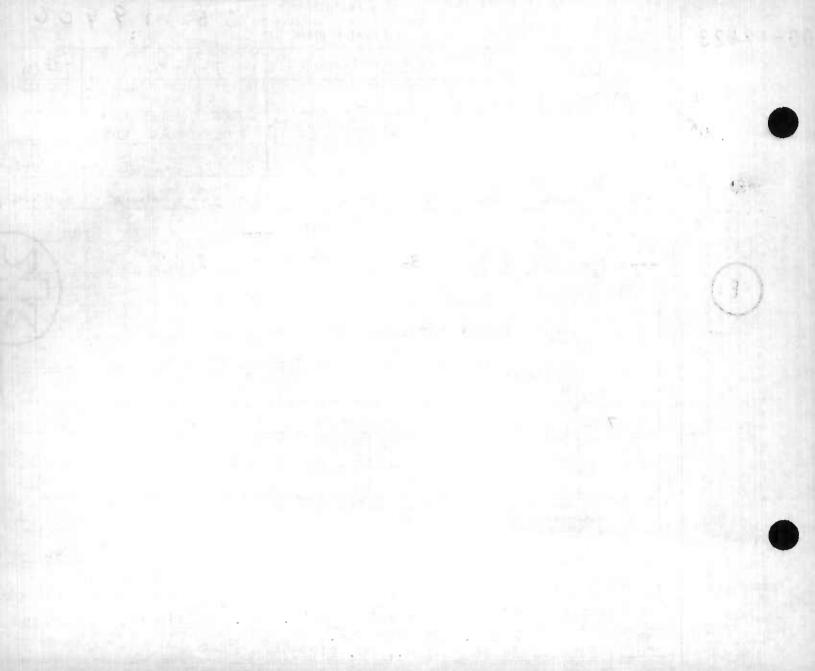


0-14	734	1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 9 9 0 64 REGISTRAR CERTIFICATE OF DEATH REG. NO.				
	m 6	T	DECEASED NAME FIRST	MIDDLE	ŁAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be	poge .		DELLA	VIOLA S	CHMICK	JULY 29	, 1986 4:50pm
a E	r, p		SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
12	ecto urs al		Female	White	Sept. 30, 1896	89 YRS	
P 0	2 hou	2	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
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10 o offer	by the fulled with	44	BALTI ORE	(IF NOT IN SUCH FACILITY, GIVE STREET SATINT AGAN.	ES HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE HOUSOWIFE	IPE) 12b. KIND OF BUSINESS OR INDUSTRY Own Home
0	mplerely filled in padd should be t	houd		OR OTHER INSTITUTION GIVE RESIDENCE BEFOR INTY 13. CITY OR TOV Baltimor		MIDDLE	
TIMORE,	Pages 1	2	60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b SOCIAL SECTION (IVE WAR OR DATES) 219-10-(JRITY NO. 17 INFORMANT		timore, Md. 21228
ORDS, 201 W. PRESTON ST requires that the death certi	sen signed by the attendir t. Then please remove carl or to bunal, cremation, or y injury, or ather traumatio		Z O		ENCEOF DEATH BUT NOT RELATED TO THE TER		
L REC	has be permi	7	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICE	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? VES \(\sqrt{NO} \)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law required obtaining the control of the control o	ertificate ial-transit ntal Hygie em 18 sho	9	OR CONTRIBUTING CAUSE OF M	EATH HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM IB	PART ! OR PART 2)
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SPITAL OR ATTENDIN	TO FUNERAL DIRECTOR. All should be detected for use of with the State Dept of Healt MAPORTANT: If them 21 is ma		saw the deceased alive of the state of the s	ORPRINI)	DEGREE ATTENDING PHYSICIAN 77e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	7-29-96
O HO	O FU hould with th	1	Kenneth Wil	liams, M.D.	900 S. C	aton Ave. ,Baltin	more, Md. 21229
BI			Burial, Cremation, Remova (SPECIFY) Burial	Aug. 1,1986 Hi	NAME OF CEMETERY OR CREMATORY 11crest Cemetery	Federalsburg.	Caroline, Marylar
DHM	H - 16 60M 7/8	34	4 FUNERAL DIRECTOR		Federalsburg 150 DA	TE REC'D. BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE
	(VRA 15, 4)		ramptom-Hawkins	Funeral Home, 21	O N. Main St.	O5 1986 A. A	Leading Pondage

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12423	FOR STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	19	906
n e e	1. DECEASED NAM	-	WIDDLE		AST MIGHT P	20 DATE OF DEATH		26. HOUR 745 AM
poge 3	3 SEX	LUDWI	4. RACE	5. DATE C	NEIDER	7 - 11		1- /1/4
1 to 3	m	ale	White	MONTH		81	YRS.	DAYS HOURS MIN.
	BIRTHPLACE COUNTRY) M.D		76 CITIZEN OF WHAT COUNT USA	MARRIE		BALTINO BALTIN	VAE CIT	,
38	BALTIMOR	E CITY	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S (IF NOT IN SUCH FACILITY, GIVE S	REET ADDRESS)	OTAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		nd of Business or Stry tter Cari
filled in Sald by	MD D	E (IF NURSING HOMEORI 136 COUN AUNE	OTHER INSTITUTION GIVE RESIDENCE BYTY 13C. CITY OR TO A RUNDEL CAP	E ST. CLP	INSIDECITY LIMITS?	130 STREET ADDRESS	ZIP CODE E MAGOTH	Y VIEW, 21
15/12	FATHER'S NAM FIRST FRAN	A	MIDDLE LAST SCHAL	EIDER	Antonia			Hranac
12	THE PAS DECEAS	ED EVER IN U.S. ARA	MED FORCES? 166 SOCIALS E WAR OR DATES) 216-44		BARBARA ASP	LEN 43 ARI	MANOR WOLD MD	RD
requires that the death an signed by the attention. Then please remove a rith obtain, are about our of the significant of the s	gove rise couse to underlying PART 2 OTI	if any, which to immediate stating the cause lost.	DUE TO, OR AS A CONSE (b) LEFT TE DUE TO, OR AS A CONSE (c) INTRAVE CONDITIONS CONTRIBUTING	QUENCE OF MPORO-1 OUENCE OF SCULAR TO DEATH BUT	HYACRTEASS NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN IN PAI	
he low ron. hos bee t permit iene prio	19a DATE OF 6-26	7-86	INTRACEREBA		N WAS PERFORMED MATUMA	200 AUTOPSY? YES NO NO	20b. IF YES, WERE FI IN CERTIFYING CAI YES [INDINGS USED USES OF DEATH? NO
tySiCiAN: Tilding physicis certificate buriol-transit Mental Hygin ritter 18 shr	On CONTRAINE	T WAS UNDERLYING TING CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PAR	et 2)
offendin offendin ter this ts the bur h and Me	ш	OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	ICE, FARM, ETC.)	2H LOCATION STREET	CITY OR TO	wn count	TY STATE
R ATTENDIN hospital or RECTOR. At hed for use o	sow th	e deceased alive on	tol) ottended the deceosed from JULY))		UNE 26, 19 86 d that in (my) (our) apinion i			that (I) (we) lose the couses stated
0 0 0 0 -	226 SIGNA	lanh Kl	lignen	M. C	PHISICIAN L	MEDICAL STA DIRECTOR PHYSIC	FF .	DATE SIGNED 7-11-86
retoined by the TO FUNERAL I should be deto with the State E IMPORTANT: If		ARK KL	LIGMAN		637 PORTLAN	ID ST , BA	LTIMURE	mp.
BP		Burial	7/14/1986		emetery or crematory an Nat'l.	23d LOCATION CITY OR TOWN Bal	timore,	Marylai
DHMH - 16 60M 7/84 (VRA 15, 4)	McCull	Tunera	ADUR	tapsco l to	Ave. 250 DAT	REC'D. BY REGISTRAN		NATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR RECONO DECEASED NAME THESICS PRINT Martha Schweltzer 1. SEX IF UNDER 1 YEAR IF UNDER 24 HP 6. AGE (IN YEARS LAST BIRTHDAY) White - 09 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED uter WIDOWEDX DIVORCED [126 KIND OF BUSINESS OR Retired Baker W.T. Grant 13. STREET ADDRESS / ZIP CODE Linthicum Bultimore 505 Cloue land MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRÉSS TYES HO OR UNKNOWN) (IF YES GIVE WAR OR DATES) hart Betty Sawyer, Same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per lige for 10)
PART I. DEATH WAS CAUSED BY Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING RELATED TO THE TERMINAL DISEASE OR 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED THE PLACE OF INJURY 711 LOCATION CITY OR TOWN COUNTY STATE WHILE NOT WHILE 27a I certify that (1) (this baypite 1-30-1986 in (my) (aur) apinian death accurred an the date and haur and from the causes stated 27E SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 7-30-86 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS NAME OF CEMETERY OR CREMATORY Burial

Cedar Hill Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

McCuilly Funeral Home. 130 E. Fort Ave.

Balto.Md.21230

256. REGISTRAR'S SIGNATURE

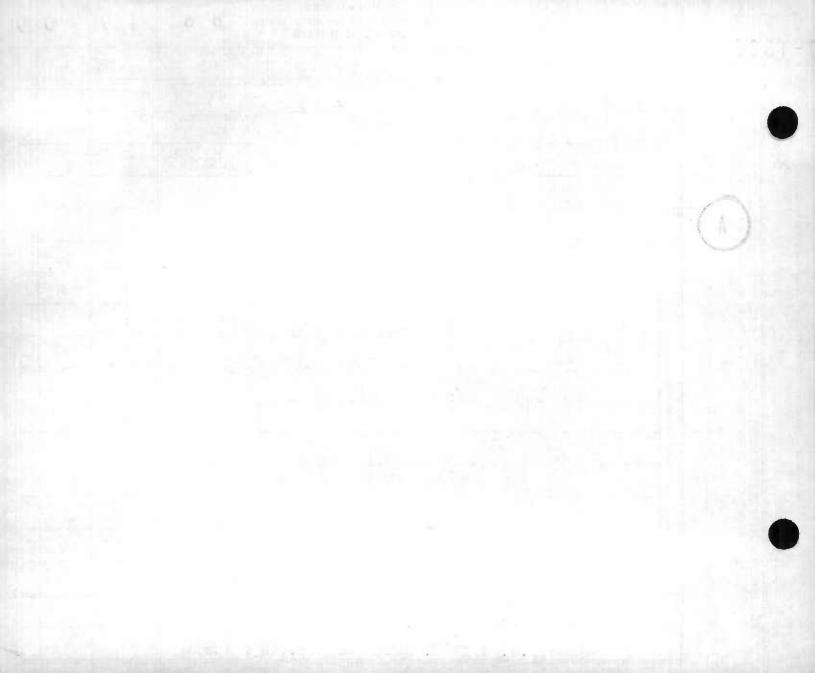
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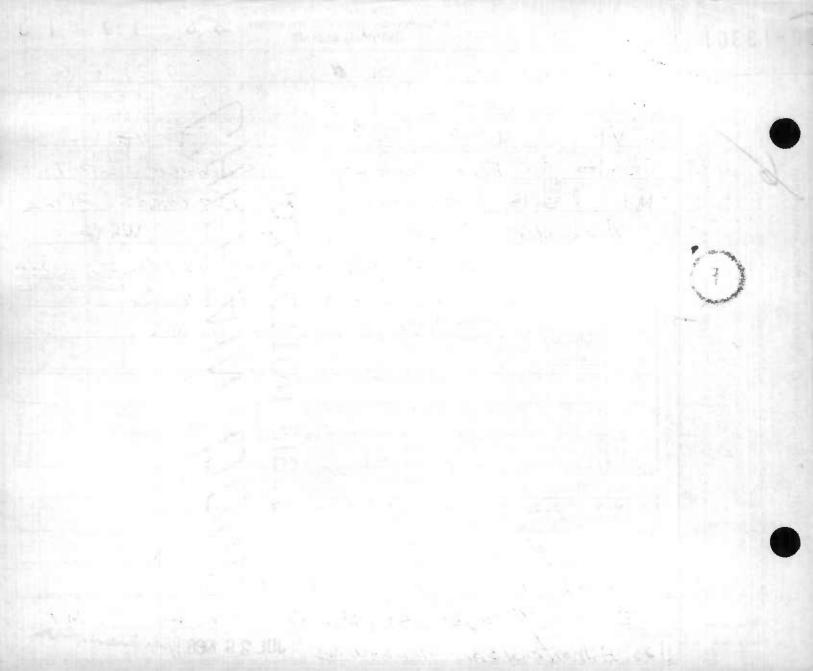
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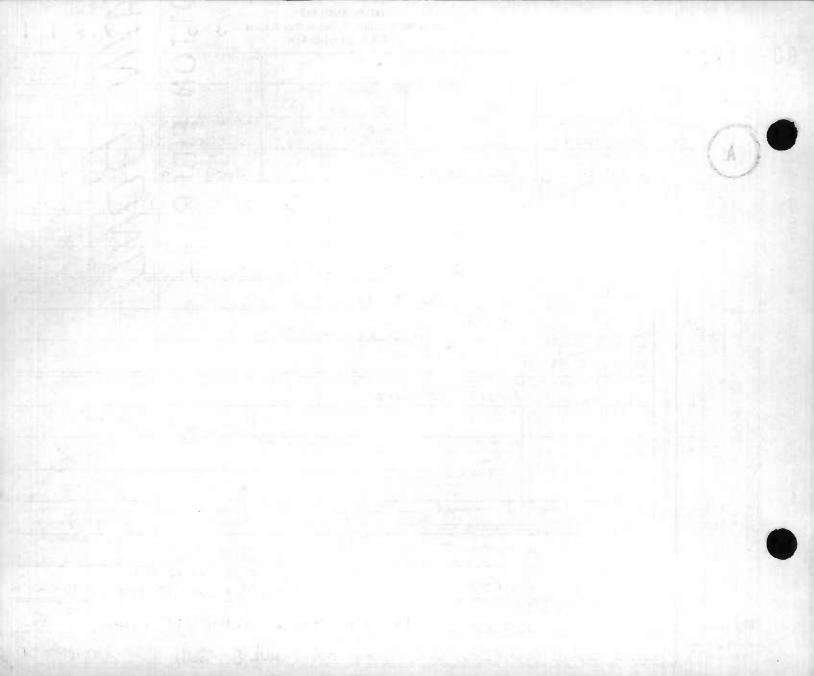
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						STATE OF MARYL					
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000		1	REGISTRAR			CERTIFICATE OF D	DEATH	REG. NO	,		
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oy deed						2011		.05	gal-1		
offer offer		3 SE:	X	4. RACE	4 / 1/	5. DATE OF BIRTH	YEAR	AGE TIN YEARS LAST BIR		UNDER I YEAR	HOURS MIN
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Pol di	(3)	7o. BI	RTHPLACE (STATE OR FORE	EIGN 76 CITIZEN	OF WHAT COUNTRY?	MARRIED ALEVER	AABBIED []	BALTIMORE CITY O	R COUNTY O	FDEATH	
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ofth y th ed v	Z/-	RA	HTIMDRE	- SOUTH	RAIT MAND		INCO!	UNKNOW	F WORKING LIFE	INDUSTRY	
o b	9~	HISTI	AL RESIDENCE HE NURSING	HOME OR OTHER INSTITU	BALTIMOR	EGENERAL	ITUDY.	Vivicion			
4 P	12/	130 5	TATE 19	LCOUNTY	13c. CITY OR TOW	N 138 INSIDE	ITY LIMITS? 13	Be.STREET ADDRESS	ZIP CODE		
c 2	00			BALTMORE	BALTIME				DUERS	T	21230
I FEA	1	14 FA	ATHER'S NAME	MIDDLE	IAST .	15 MOTHER'S	MAIDEN NAME	MIDDLE		105	
A BA	1	2		MOOLE	BRADY		UNKNO	WN		LAS	
	1		VAS DECEASED EVER IN			IRITY NO. 17 INFORMA		ADDRE	SS		
ex ex	9 /	1	YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR DATE	S) (a Powel	1 1120	S. Ha		04
rs. F	hen						a Power	1129	o. na		
physici physici poper	ent, th		18. CAUSE OF DEATH (I PART I. DEATH WAS	Enter only one couse	per line for (a), (b), an	dicii	10-	1-21-1		BETWEEN	MATE INTERVAL ONSET AND DEATH
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that the dec d by the otte lease remove ial, cremation	or other troum		gove rise to immed couse (o), stoting underlying couse	thich diote the lost.	, OR AS A CONSEQUE	ARDIAL I	ebrovaso	cular Ac	cident	4	
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		STATE OF MARYLAND	
	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 1 9 9 1 0
001	REGISTRAR		REG. NO.
	EASED NAME FIRST	MIDDLE CAST #	20. DATE OF DEATH MONTH DAY YEAR 20. HOUR
TYPE C	Walter	20011	7 27 86 6 PM
3. SEX	/	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
1	Male	15 lack 8 8 8	T + YRS
	THPLACE STATE OF FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	9 BALTIMORE CITY OF COUNTY OF DEATH
	Va·	U. S. H. WIDOWED DIVORCED	Ig/o MD.
10. CIT	Y OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
21	Balto /	Francis Scott Key	Steelworker STEEL
USUA 13a ST	ATE 135. COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE
22	Ma. Ba	Ito Turners YES NO IX	127 OOKST. 21222
19 FAT	HER'S NAME	DOLE LAST	AME MIDDLE A A A A A A A A A A A A A A A A A A A
1220	Hlexanda	or acott Jea	nie White
	AS DECEASED EVER IN U.S. ARME S, NO OR UNKNOWN) (IF YES, GIVE W		ADDRESS
r/X	No	216.09-5297 Mary J.) cott 127 Oak ST. 21222
14) T	18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c),1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED E	of the other conditions	Inthole Merolona
	IMMEDIATE		
room	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	ac. and sto 10
100	gove rise to immediate cause (a), stating the	10)	
othe other	underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
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AT IN	96. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
E P			YES NO NO YES NO NO NO
8 shows ony	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
-/ //	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19 210. PLACE OF INJURY 211 LOCATION	
ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN COUNTY STATE
a de la constante de la consta	AT WORK AT WORK	ottended the deceased from 7/16/1/19 19 60	5 to 3/27 10 86 that its (was lart
S.	22a I certify that (I) (this hospital saw the deceased alive an	one idea like deceased from	to 7/27, 1986, that (1) (we) last a death accurred an the date and have and learn the causes stated
E 2	above, (1) (we) (did) (did not) y 22b. SIGNATURE		
±	ZZO. SIGINATURE	ATTENDING	MEDICAL STAFF
Ž-	22d PHYSICIAN'S NAME (THE ORPI	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN
ATA	120. PHYSICIAN'S NAME (THE ORP)	THE ADDRESS C	
130 BI	H.Umon C	h TS	
230 BU	IRIAL, CREMATION, REMOVAL	23b. DATE 23c NAME OF CEMETERY OR CREMATORY	230 LOCATION CITY OR TOWN // COUNTY PLATE
-	D41191	7-30-86 King Mem PK	· sato Md.
M 7/84 24_FUI	NERAL DIRECTOR	ADDRESS	TE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE
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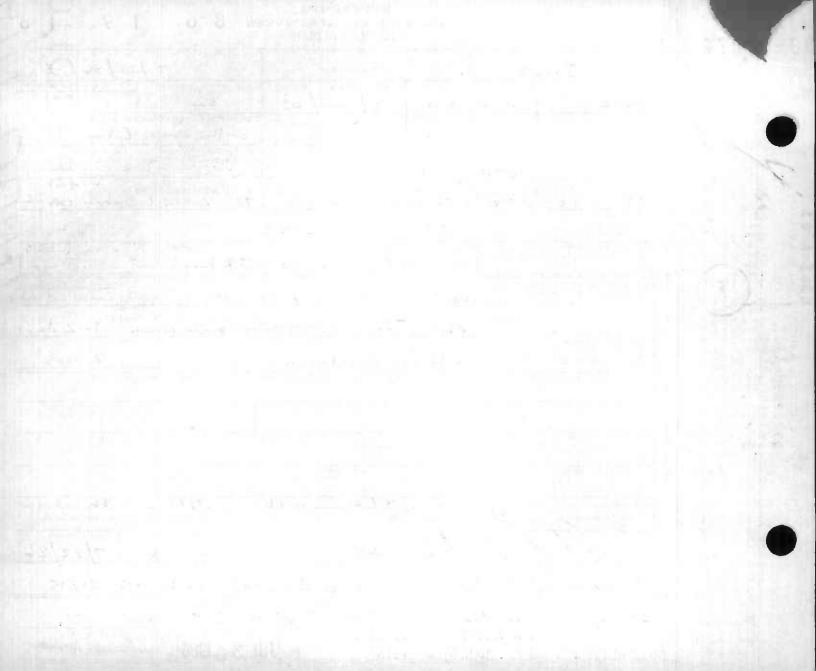


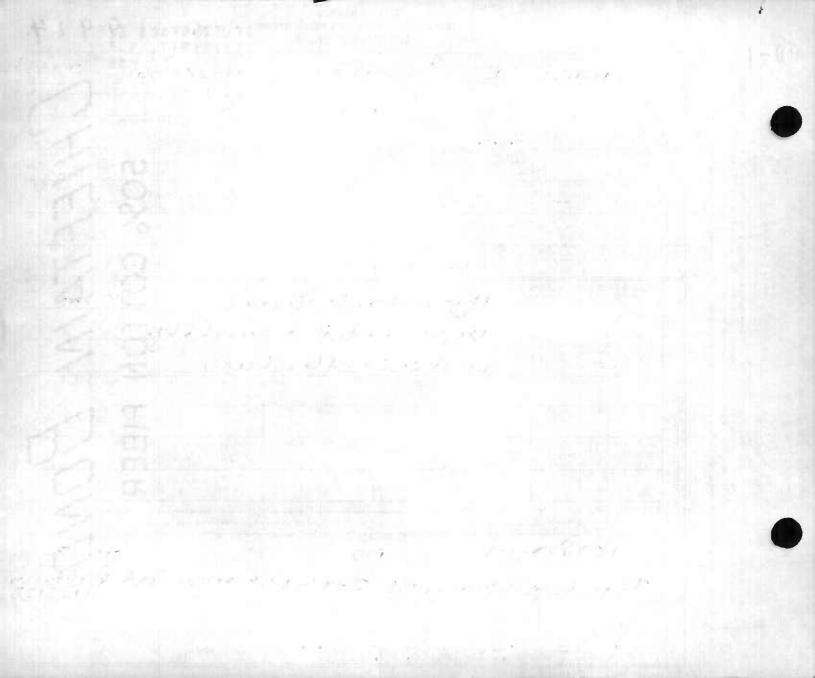


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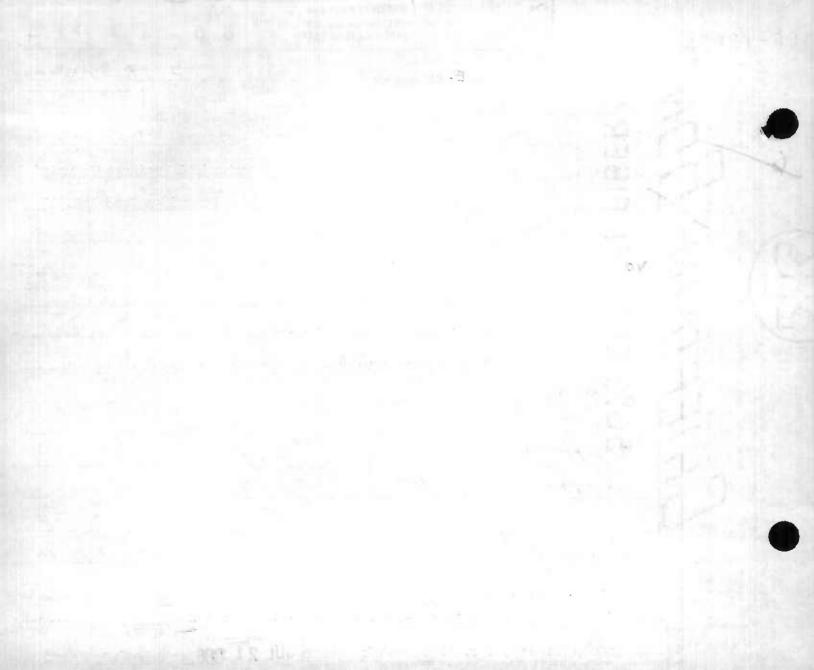
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	6	Page 1	TY OR TOWN OF DEA	TH J	SINCE	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCC	OOD BUY	ER FOOD	FAIR
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DHMH - 16 60M 7	/B4		INERAL DIRECTOR			SON & BRO		250 DA	TE REC'D. BY REGI			
(VRA 15, 4)		_6	010 REISTER	RSTOWN	RD. B.	ALTO, MD 2	21215	J	UL 3 0 18	100 June	Davidson	N M





Walter Brooks Bradley, Inc. 2135 Dundalk Avenue JUL

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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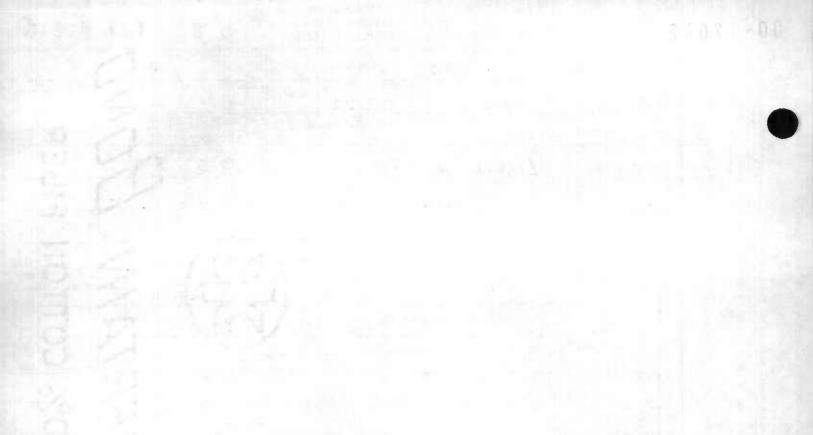
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2	REGISTRAR				CERTIF	ICATE OF DEAT	Н	REG. N	0.	,	
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IJa S Mo		NG HOME OR	STITUTON	13c CITY OR Balto	TOWN	13d. INSIDE CITY LI		3e STREET ADDRESS		21216	
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16a W	AS DECEASED EVER	N U.S. ARMED FO (IF YES, GIVE WAR O		220-05	5-0760	Mildred	Mad1	ADDRI .ey 2903 Ba			IMATE INTERVAL ONSET AND DEATH
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CERTIFICATION	PART 2 OTHER SIGN	Samuel 1				NOT RELATED TO T		200 AUTOPSY? YES NO	20b. IF YES, V	WERE FINDI	
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CHE EITHER NOTIFY MEDIC	AUSE OF DEATH ALEXAMINER)	P.,	M. MONTH	DAY YEAR	211 LOCATION	OCCURRE	ED (ENTER NATURE OF INJU			
ME	WHILE NOT WH	LE C	T HOME STR	EET, FACTORY, OI	FFICE, FARM, ETC)	STREET		CITY OR TO		COUNTY	STATE
	22a. I certify that (I) sow the decease above, (I) (we) (d	d olive on			.19, o:			, to eoth occurred on the d		nd from the	
	226. SIGNÄTURE	idue	vien	d	On	PHYS	IDING	MEDICAL STA		7/-	SIGNED
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23a. 8	SURIAL, CREMATION,		DATE /8/86	5		on Cem.	ATORY	23d. LOCATION CITY OF TOWN Landdow	n, A.C.	Md.	STATE
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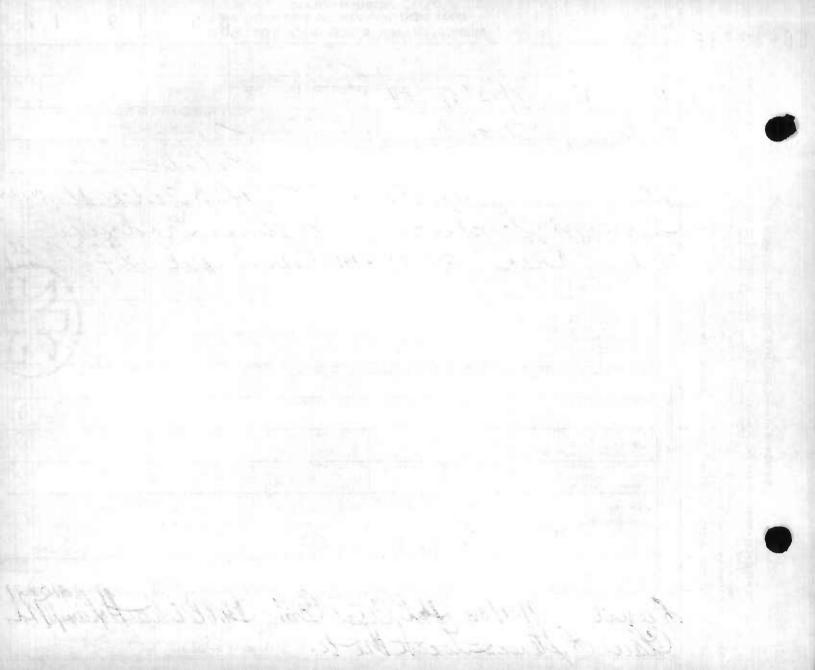
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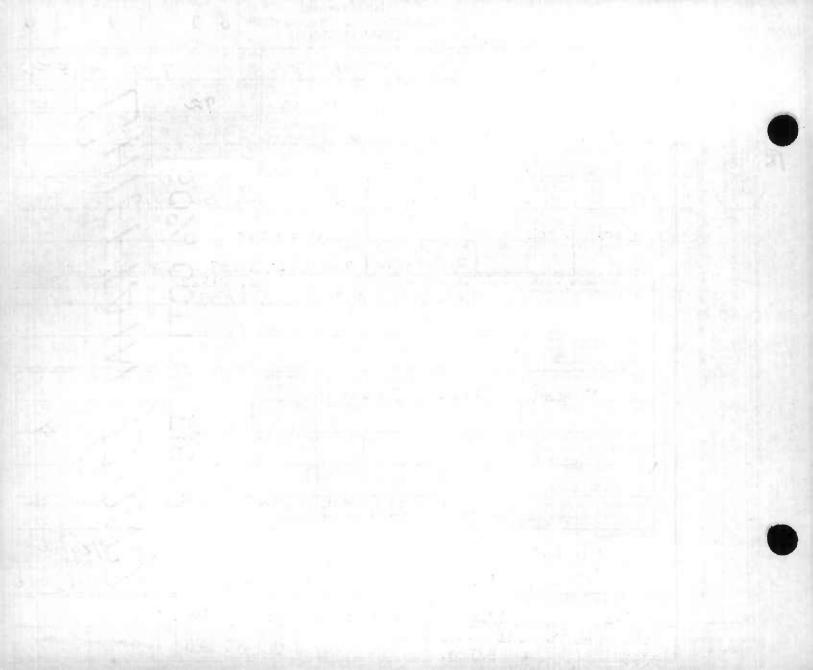
TO FUNERAL DIRECTOR



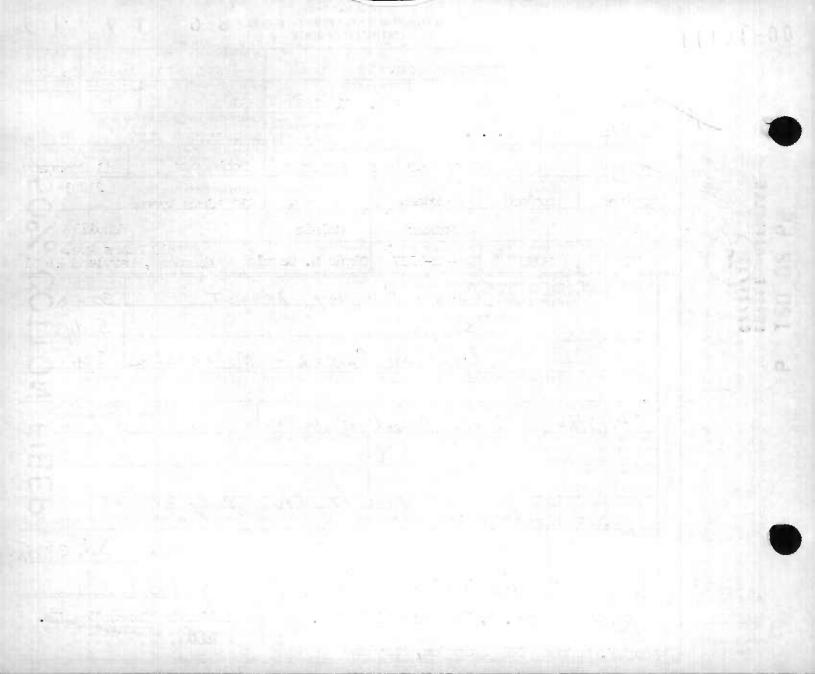
						OF MARYLAND				
			FOR STATE	DEPART	MENT OF HE	ALTH AND MENTA	L HYGIENE	19	9 7	
1 - 1	2616		REGISTRAR	MEDICAL	EXAMINE	R'S CERTIFICATI	E OF DEATH	REG. NO.		
0 0 1	3646		CEASED NAME FIRST	MIDDLE		LAST	20 DATE KNO	WN X MONTH DA	AY YEAR 26. HOUR	3
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	A CHIEF SE	3. SE)	14 RACE	DATE OF BRITH	6. AGE (IN YEARS		DER 24 HRS. 2c. DATE	MONTH DA	- 17	_
	REC HE	1	n b	" 12"/ 1" I TEN	LAST BIRSHDAY	MONTHS DAYS HOUR				
	A GOOD A	//	RTHPLACE (STATE OR	A CHIZEN OF WHAT COUR	54 YRS.	100		7-27-86		1
	NECESSARY, PLEASE UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS. V PRESTON STREET,		RTHPLACE (STATE OR DIGN COUNTRY)	A CHIZEN OF WHAT COUN	ITRY?	MARRIED NEVER M	ARRIED	CITY OR COUNTY O	FDEATH	
	N N N N N N N N N N N N N N N N N N N	108	all'	4.0.0			ORCED Baltime	ore City	WE).
	SER	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME, C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON (TYPE OF WORK 126	OR INDUSTRY	
No.	ELY IS NECESSAR. TO THE FUNERAL D TO THE FUNERAL D TO PAGE 5 FOR YOU BE FILED. WITHIN TO DS. 201 W. PRESTO!	Ba	ltimore		nardson	Stroot	Batterd	er		
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:	J w - E .	17	18 CAUSE OF DEATH (Enter only	ane couse per line for (o), (b), ond (c).)				APPROXIMATE INTERVAL STWEEN CHOSE AND DEATH	
PRESTON ST	24 HOU ITEM 18 LONG V PERMIT GIENE,	10	PART I DEATH WAS CAUSED	CAUSE (a) Arterio	sclerot	ic cardiovas	scular disease			
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E	WITHIN INCIL IN AINER A TRANSIT VIAL HY OR REMO		Conditions, if any, which							
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DIVISION OF VITAL RECORDS, 201	JID BE EXECUTE! "PENDING" IN IF MEDICAL EXA ED AS A BURIAL HEALTH AND MIL, CREMATION,	7	PART 2 OTHER SIGNIFICANT CONDITIONS CO	DNTRIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINA	L DISEASE OR CONDITION GIVEN	IN PART 1 (a)			
Ü	AS A CREM	CERTIFICATION								
7		Y	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERAT	ION WAS PERFORMED?		120 L	LEAD ONLY)	
É	WORD "F WORD "F E CHIEF BE USE INT OF H	E		and the same of th				1	YES NO	
7	O WEN	l ë	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH	DAY VEAD	21c. HOW INJURY OCCU	JRRED LENTER NATURE OF INJURY IN	N ITEM 18 PART 1 OR PART 2)		-
N	PA SOUTH		UNDERLYING OR CONTRIBUTING CAUSE OF D		19					
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	H S A A E		AT WORK							
	L EXAMINER: CERTIFICATE DUID BE FORV L DIRECTOR: 1, WITH THE S MARYLAND,		22a. I certify that I taak charge	of the remoins described on		Autopsy K. Inspe	ection . Inquiry .	, and in my opinion	n	
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	A PER	-	EXAMINER'S NAME (TYPE OR PRINT)	Margarita A. K	orell, M	.D. ADDRESS	111 Penn Str	eet _		
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAL PAGE 4 SHOULD BE FOI TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND	73. F	IAL, CREMATION, REMOVAL 23		Sahue of the	ADDKESS	1 DU DOLLEY	1 - 100	108/2021	1
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D = 1 5/	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G		OR OTHER INSTITUTION	128 USUAL OCCUPATI		KIND OF I	BUSINESS OR
5	1	Baltimore			y Med. Cente			Churc	ch
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H Cal	16a '	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCI	AL SECURITY NO.	17 INFORMANT	ADDRE	SS		
Page ex		YES, NO OR UNKNOWN) IF YES	GIVE WAR OR DATES) 215	5-28-35/0	Peggy Cla	rk,137 Dur	lan Rd	Dag	aden:
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Physical Information of Hy		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MON	TH DAY YEAR	The state of the s	CKED (ENTER NATIONS OF INJUIT	TON HEM TO PART TO	M. P. PART 27	
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DIVISION OF VITAL RECORDS,	w re been	ony a	CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AU	TOPSY?	20b. IF YES,	, WERE FINDI	NGS USED	-
IL RE	on. hos	ene b	TIE	7-1151	86	5m	A11 B-	101	Ohe	truction	YES 🗆	NOM	IN CERTIFY	YING CAUSES		
71	N: T	Hygi 18 sk	CER	210. ACCIDENT WAS UND		216. TIME O		y ve in	21c. HOW I	NJURY OCCUR	,					
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	ATTE Sprite	n 21		saw the decease abave, (I) (we) (d	id alive an lid) (did nø	wew the body	after death.) (our) opinian	death occur	red of the do	ate and haur	and from the	couses stoted	
	DIRE POR	Dep H He		226. SIGNATURE	N			na	DEGREE	ATTENDING	MEDICA	L STAI	FF.	22c DATE	100.	
	by the	Stote		27d PHYSICIAN'S NA	ME LIVE OF	SPOINT OF		MI	22e ADDRE	PHYSICIAN [R PHYSIC		-Jul	921,1	186
	etained b	with the Stote		CARL	M.	RE	DDIX	c	Joh	ins Ho	opti	5	Hosp	2 .		
W.			23a B	URIAL, CREMATION,	REMOVAL	23b. DATE				CREMATORY	23d. LOC		1	COUNTY	STATE	
	BP	-	24 511	BURIAL NERAL DIRECTOR		Aug. 2,	1986 Gre	eenhi.	lls Mer	n. Garde	ens Ri	chlan	ds Ta	zewell	Panolia	74
C	DHMH - 16 6	50M 7/B4		NAME		**** *	ADDRESS	M====	l am d	250 AT	GEC D. BY	*1986AR	ZSh., BEGJS#A	CAR'S SIGNAT	URE	1
	(VRA 15	0, 4)	HC	ward K. Mc	Comas	S III P	blngdon.	Mary.	Lana							



0-13651	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	9 9 2 0
oy be death	1. DE	CEASED NAME FRST	ANDDIE LAST 20 DATE OF DEATH, MONTH DAY ROUND STANDARD S	YEAR 26. HOUR 38 AM
- 4 00 c	1	m	B MONTH DAY YEAR & 76 YRS. MONT	
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Palto CTU	DEATH MD.
34 3	10.C	Balto		28. KIND OF BUSINESS OR NDUSTRY
	130.	AL RESIDENCE (IF NURSING HOME OF	136 CITY ON TOWN 136, INSIDE CITY LIMITS? 136.STREET ADDRESSY ZIP CODE 15.27 E- COLLS PI	ling Lane
of the state of th		ATHER'S NAME FIRST		Gree
and		NAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS VE WAR OR DATES) 216-14-9033 AND SEWELL 527 E.	Coldsprin
physico napapen moval.	Г	PART I. DEATH WAS CAUSI	nly one cause per line far (a), (b), and (c),) ED BY: TE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ING PHYSICIAN: The law requires that the death certificate be seen or attending physician. Wer this certificate has been signed by the attending physican and as the buriol-transit permit. Then please remove contant pages. Pages it and Mental Hygiene prior to buriol, cremation or removal or seen or semantical or seen or services.		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	
requires an signed Then plury, o	NO	PART 2 OTHER SIGNIFICANT		
he law re on. hos beer 1 permit. I ene prior	CERTIFICATION	19a DATE OF OPERATION		G CAUSES OF DEATH?
HYSICIAN: The I dding physician. Is, certificate has burial-transit pe I Mental Hygiene or Item 18 shows		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH DAY YEAR	OR PART 2)
DING PHYSIC or offending I After this cert is as the burial oith and Mensia	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	TAT HOME, STREET, PACTORY, OFFICE PARM, ETC.)	COUNTY STATE
END toloo or use ruse Heal		saw the decedsed glive at above, (1) (we think did no	nital) attended the decrased from 42486 , 19 , to 19 , 19 , 19 , 19 , 19 , 19 , 19 , 19	
		226. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	729 86
TO HOSPITAL O		221. PHYSICIAN'S NAME (TYPE	CHEN 220 ADDRESS VYTIMAN FACK	
BP		BURIAL, CREMATION, REMOVAL	2/29/86 GARRISON FOR GUILDENIS	DUNIY MOATE
DHMH - 16 50M 4/83 (VRA 15, 4)	1	UNERAL DIRECTOR (MC	anch Fly Appearance JUL 28 1988 256 REGISTRAR 256 REGISTRAR	SSIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) DEATH MATED X 1986 Shepperd Joseph 6. AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS DATE 7:23 LAST BIRTHDAY PRONOUNCED March 10, 1911 75 YRS Male White DEAD 1986 D. M 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New Jersey USA WIDOWED Baltimore City, 170 USUAL OCCUPATION (TYPE OF WORK 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Steel Co. Mill Wright Baltimore 407 Park Avenue 21201 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13g STATE 13h COUNTY 13c. CITY OR TOWN 150 West Saatoga Street Baltimore City YESON. Md. NO [14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Dka Kish Steven Yuhasz 17 INFORMANT 16h SOCIAL SECURITY NO. ADDRESS Turnpike Rd. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? Helen Sadowski, Sister East Brunswich N J 141 05 8341 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arteriosclerotic Cardiovascular Disease DUF TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO XX DEPARTMENT 71g EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 11 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK EXECUIT THE CERTIFICATE, WAS PAGE A SHOULD BE FORWAR TO FUNKER, PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from: Homicide Undetermined manner DATE 8-3-86 Assistant MEDICAL EXAMINER EXAMINER'S NAME 21201 Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 23a BURIAL CREMATION REMOVALED THE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Washington Monumental South River, New Jersey 07/B4 250. DATE REC'D. BY REGISTRAR 186. REGISTRAR'S SIGNATURE 25M **DHMH - 17** ome PA 1407 Old Eastern Ave Funeral (VR A15 ME (5))

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.	

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	REGISTRAR				CERTIF	ICATE OF)EATH		REG. NO).		7 7	1 4	din
	1. DECEASED NAME (TYPE OR PRINT)	ALI		C.	SH	BRKE.	R	2a. DATE (OF DEATH	MONTH 7		YEAR 86	26 HOUR 215	P. M
	3. SEX Female		4 RACE Wh	ite	5. DATE C	DAY	YEAR O1	6 AGE (III	YEARS LAST BIRT	HDAY)	IF UNDER	DA15	HOURS	24 HRS MIN.
9	70. BIRTHPLACE (STATE COUNTRY) Maryland	OR FOREIGN		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER	MARRIED S		ore city <u>o</u> altimo	COUNT		ATH		MD.
9	Baltimore	е	North	HOSPITAL, NURSIN H FACILITY, GIVE STREET Charles (address) Senera			TYPE OF WO	LOCCUPATION NOSTOR	WORKING L	IFE) 12b. IND	KIND OF USTRY	F BUSINES	SSOR
5	SUAL RESIDENCE IF N In STATE Maryland	13b COU		Baltimor	N	13d INSIDE C	NO [3601	ADDRESS /	zip cod Monti	ebel]	lo D	r. 2	1218
)	4. FATHER'S NAME FIRST Charles		NODELE Robert	Sherre		С	s maiden na lara	AME	Virg			Ha	rding	q
	16a. WAS DECEASED EV (YES, NO OR UNKNOWN)		RMED FORCES? VE WAR OR DATES)	220-44-7		Barba	ra Utz	9834	ADDRE Harfor			2123	4	
		immediate ating the use lost.	DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE DISTRIBUTING TO 1	ENCE OF		O TO THE TERM	MINAL DISEA	ise or cont	DITION GI	VEN IN F	PART 11c	>	
7	ANAS 190 DATE OF OPE			ITION FOR WHICH			RMED	20a AU	TOPSY?	IN CERT			IGS USED OF DEATH	H?
	ORCONTRIBUTING [LIF EITHER, NOTIFY A 21d. INJURY OCC WHILE AT WORK AT 220.1 certify that sow the deci	CAUSE OF DE MEDICAL EXAMINE URRED WHILE WORK (1) (this hosp eosed olive or e) (did) (did no	21e. PLACE (AT HOME, STR	M. MONTH DAM. OF INJURY REET, FACTORY, OFFICE, F	19 (FARM, ETC.)	21f. LOCATI STREE	, 19	, to death accur	CITY OR TOV	Y IN ITEM 18	COLUT ON THE PART I OR	om the c	St. That (1) (w	(ATE
	DONATO	A- VA	relos,				Ψ/ε	360	snpo	40	21	12/1	7	
	(SPECIFY) Buri		23b. DATE			EMETERY OR	CREMATORY	23d LOC	TATION TY OR TOWN	110	COUNT	1Y		TATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

A. Alan Seitz, Jr. 3818 Roland Ave. 21211

ry Jacksonville Mar 150 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE JUL 22 1986 July July 1986

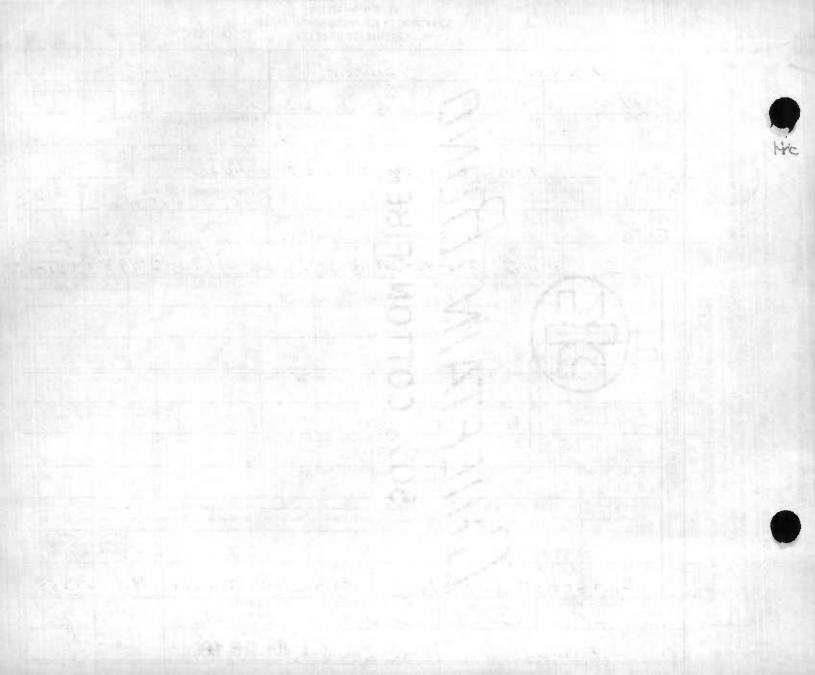
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A. Alan Seitz, Jr. 3615-19 Chestnut Ave. 21211

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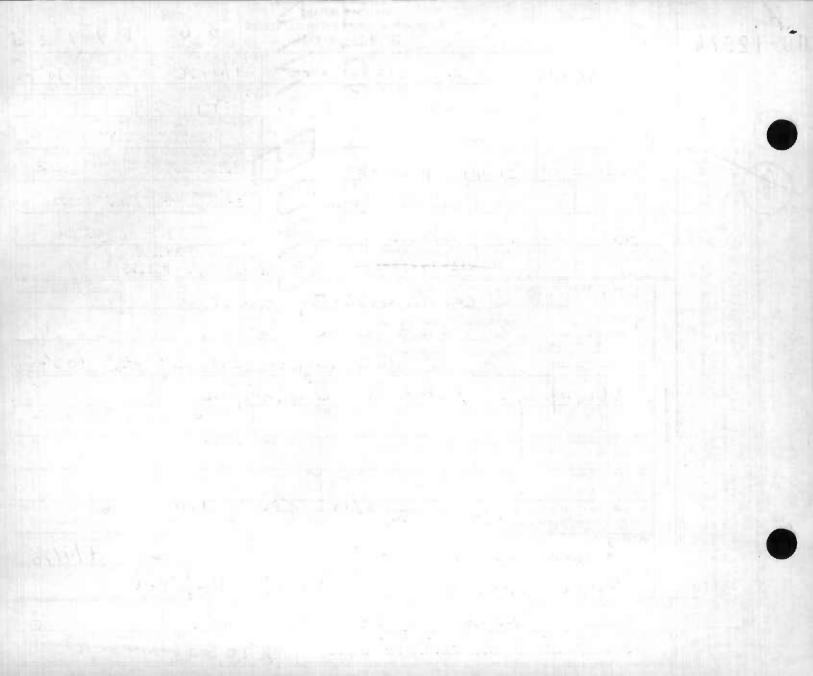
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STATE OF MARYLAND



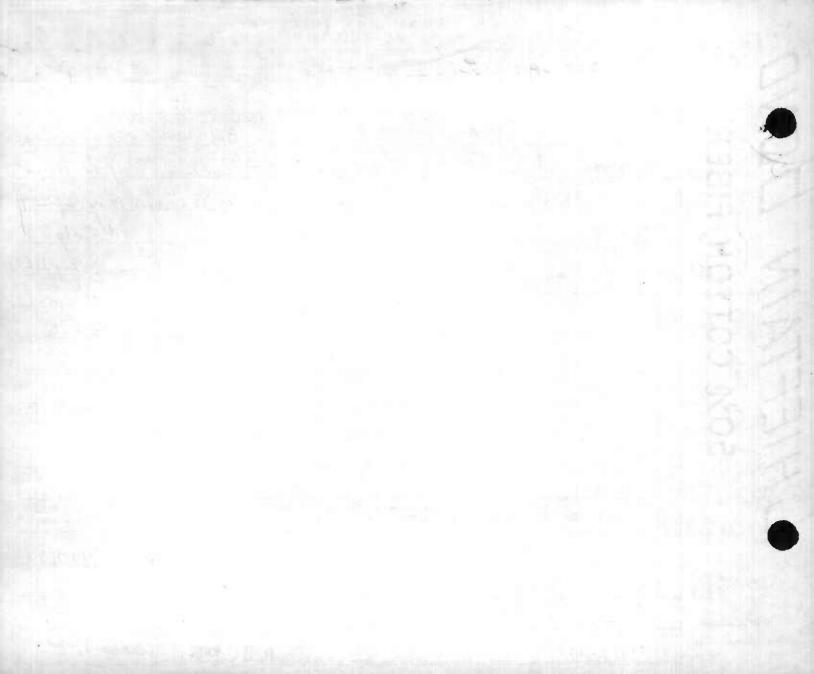
6010 REISTERSTOWN RD., BALTOS, MD

(VRA 15, 4)



AFO	1 -	FOR STATE REGISTRAR	DEPAR	RETMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	2 6	19926
1053		CEASED NAME FIRST ABRAHI	AN Z.	SIMHONS	20 DATE OF DEATH MI	ONTH DAY YEAR 26 HOUR 27 1986 920 AM
ector, po	3. SEX	hale	1 RACE Black	5. DATE OF BIRTH MONTH 12 22 1911	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER LYEAR INUNDER 24 HRS MONTHS DAYS HOURS MIN.
or One	C	OUNTRY) VA	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or	/ /
		Balhmine	University of A	tury land Hospital	120. USUAL OCCUPATION	
should be	13a. S	MD Bulps	13c. CITY OR TO	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / 2 6174 China	ZIP CODE VERPIN PKuy 21239
	2	Walter		15. MOTHER'S MAIDEN NA 1000 Zalce	MIDDLE	Mosely
			MED FORCES? 16b. SOCIAL SE E WAR OR DATES) 213-10	0 1 1//1	- Kenya 6174	Chinguapin Pkwy 212
event #		18 CAUSE OF DEATH Enter and PART 1. DEATH WAS CAUSED IMMEDIATION	ly ane cause per line for (a), (b), D BY: E CAUSE (o) Card		rrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ose remove corb , crematian, or i other traumotic		Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	toma		3 months
signed Then pled to buriol njury, or	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN IN PART 110
0 -	AT	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
iene prio	TIFIC	THE OF OPERATION			YES NO	N CERTIFYING CAUSES OF DEATH? YES NO NO
Hygiene 18 shows	CAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' [IF EITHER NOTIFY MEDICAL EXAMINER]		DAY YEAR	YES NO NO NEED (ENTER NATURE OF INJURY I	N CERTIFYING CAUSES OF DEATH? YES NO NO
tem 18 shows	MEDICAL CERTIFIC.	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA.	TH HOUR A.M. MONTH	DAY YEAR 19 21f LOCATION	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
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The Court of the business of the man 18 shows them 21 is marked or item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (I) ETHER NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK 22a. I certify that (I) (this hospit sow the deceased clive on obove (I) well did indid not 22b. SIGNATURE	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) a) ottended the deceosed from 19 (Alusa W)	DAY YEAR 19 21f LOCATION STREET 19 10 10 10 10 10 10 10 10 10 10 10 10 10	RED (ENTER NATURE OF INJURY I	N CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19 8 that (II (we)) st e and hour and from the causes stated
thed for use as the bunditions there iept. of Health and Mental Hygene Item 21 is marked or Item 18 shows	MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a certify that (I) (this hospit sow the decease dive on obove (I) well did india not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR 22d. PHYSICIAN'S	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC 10) ottended the deceosed from 19) view the Wody offer death.	DAY YEAR 19 21f LOCATION STREET 19 10, 19 86, and that (my) our) apinion DEGREE ATTENDING	RED (ENTER NATURE OF INJURY I	N CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19 8 that (II (we)) st e and hour and from the causes stated

STATE OF MARYLAND



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ending corbor n, or rei matic er		IMMEDIAT	DUE TO, OR AS A CONSEO				12 hours p	min
other trou		Conditions, if any, which gove rise to immediate couse (0), stating the underlying couse last		HENCE OF	Phenonia		Chronic	, 4
Then pled to burio	NO	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTING TO		THE TERMINAL DISEASE OF	CONDITION GIV	EN IN PART 110	
t permit ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION WAS PERFORM	ED 200 AUTOPSY YES □ NO	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEAT S NO	H?
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DR. After Use as Health Is mort		220 I certify that (I) (this haspit saw the deceased alive on	tal) attended the deceased from	01	9_86, to	the date and hou	19 26 , that (I) (v	
2 5 4 2		above, (I) (we) (did) (did no	O Male HO		NDING MEDICAL SICIAN DIRECTOR 5	STAFF	221. DA/E SIGNED 7/1/86	
of DIRECTC etoched for the Dept. of If Item 21		1 12 12	Carry -	22e ADDRESS	SICIAI4 D DIRECTOR D F	MISICIAIN	1111000	
TO FUNERAL DIRECTO		THE PHYSICIAN'S NAME (THE S	IN JOKATA	1 1	niversity Hosp	utal 1	Selfo Md ZIZ	20/

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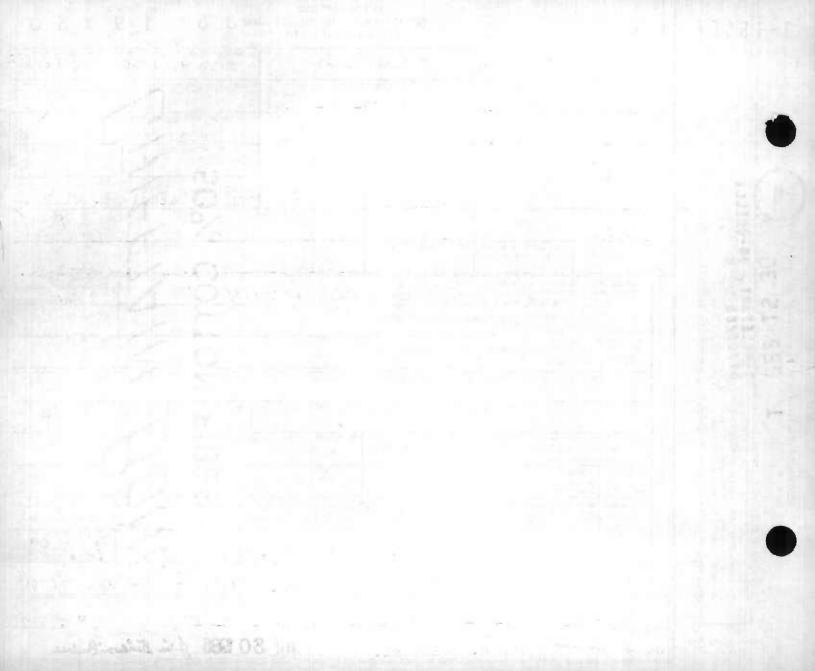
STATE OF MARYLAND

I	1-	FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	0	6 G. NO.	199	129	
Ì		CEASED NAME (1957)		MEDIE		AST	20. DATE OF DEA	ton	DAY YEAR	26 HOUR	
Į		KATH	COLUMN TO THE REAL PROPERTY.	T		IMPSON		JOLY	6 86	6 MM	
ı	3. 5E)		4-RACE		5. DATE C		6 AGE (IN YEARS LA	AST BIRTHDAY)	MONTHS DAYS	HOURS MIN.	
ı		-	Whit		2	21 1897	0	YRS			
1		STHPLACE (STATE DRIGHTS)	Total Control	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CI				
4	-	Virginia	1	SA	WIDOWE	DR OTHER INSTITUTION	120 USUAL OCCU	more Ci		MD.	
)	Maryland	GOOD S	AMARITMA	HOSPI		TYPE OF WORK FOR M Housewi		FE) INDUSTRY Hom	emaking	
4	you i	2000	timore	13c. CITY OR TOW	e admission) VN	13d INSIDE CITY LIMITS?		ESS / ZIP CODI	Avenue	21206	
ď	0	Robert	N0011	Heplin		15 MOTHER'S MAIDEN NA	MIDI	DIE	$\mathbf{D}_{\mathbf{y}}^{LAS}$	e	
1	160 V	VAS DECEASED EVER IN U.S. AF	WARD FORCES?	166 SOCIAL SECU		17. INFORMANT		DDRESS			
1		NO NO CHE LIMITACIONALE DE PERSONALE DE PERSONALE DE LA PERSON	of sever the track to	213-01-	-2977	Mrs. Caroly	m Conkel	8234 Be	lair Rd	. 21236	
I		18 CAUSE OF DEATH Enter of	nly ane cause pe	line far Ial, (b), ar	nd (c)				BETWEEN	MATE INTERVAL ONSET AND DEATH	
ı		PART I. DEATH WAS CAUSE	TE CALISE (a)	r	MULTIF	PLE STROKES	5				
ı			DUE TO C	R AS A CONSEQU	ENCE OF						
ı		Conditions, if any, which	(b)_								
ı		gave rise to immediate cause to stating the	DUE TO, C	R AS A CONSEQU	ENCE OF						
1		underlying couse last. (c)									
	NOI	PART 2 OTHER SIGNIFICANT	-0	INTEST		NOT RELATED TO THE TERM	MIN AL DISEASE OR	CONDITION GIV	N GIVEN IN PART 110		
7	CERTIFICATION	19s DATE OF OPERATION	196 COND	ITION FOR WHICH	HICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF				YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \tag{P} NO \tag{P}		
1	CER	21a ACCIDENT WAS UNDERLYING		OF INJURY .M. MONTH D	AV VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE C	OF INJURY IN ITEM 18	PART I OR PART 2)		
1	AL	OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH D	19	-					
	MEDICAL	214. INJURY OCCURRED		OF INJURY REET FACTORY, OFFICE	FARM, ETC)	214 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE	
		220 I certify that (# (this hasp saw the deceased alive ar abave, (1) (worldid) (did	7-6	19 2	36 ,0	nd that in (my) (and aprinion	death accurred an	the date and hou		that (1) (and last causes stated	
1		22b. SIGNATURE	we view the body	offer dediff.		DEGREE			22c. DATE	SIGNED	
		Loute Alou,	vocan		1	4. D ATTENDING PHYSICIAN [MEDICAL DIRECTOR PH	STAFF HYSICIAN TH	7/6	186.	
1		224 PHYSICIAN'S NAME (TYPE	-			22e ADDRESS GOOD			SPITAL		
		LOUTFI S. A	BOUS SO	NAN		5601 LOCH	RAVEN 1	3LUD B	BALTIMOR	RE MD.	
1	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE	23ε.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			NEW PE	
	1	Burial	7-9-8	6 G	arden	s of Faith	CITY OR TO		imore)	STATE	
	_	UNERAL DIRECTOR				1912 Rd. 19191	TE R C T	RANT TEGIS	Non-Australia	ATT ACTOR OF	
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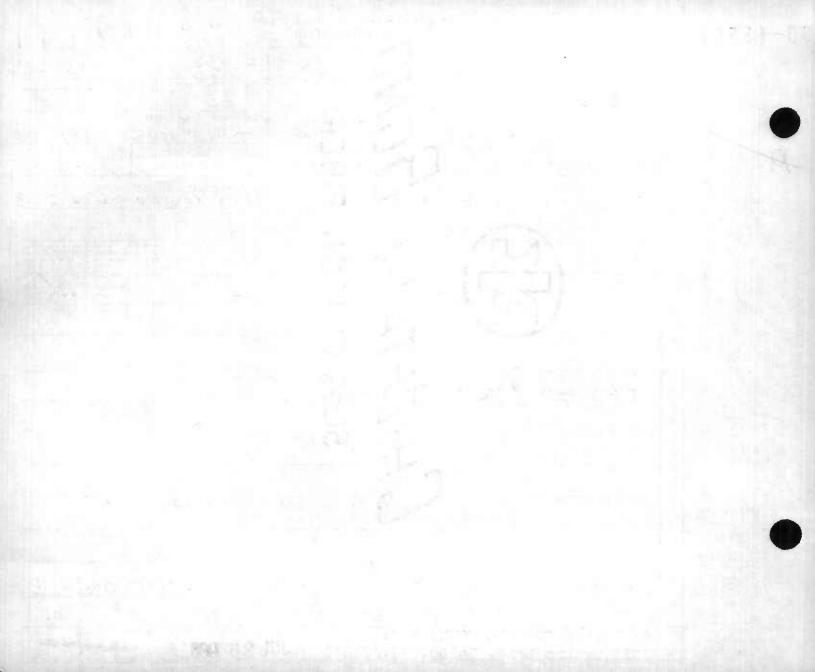
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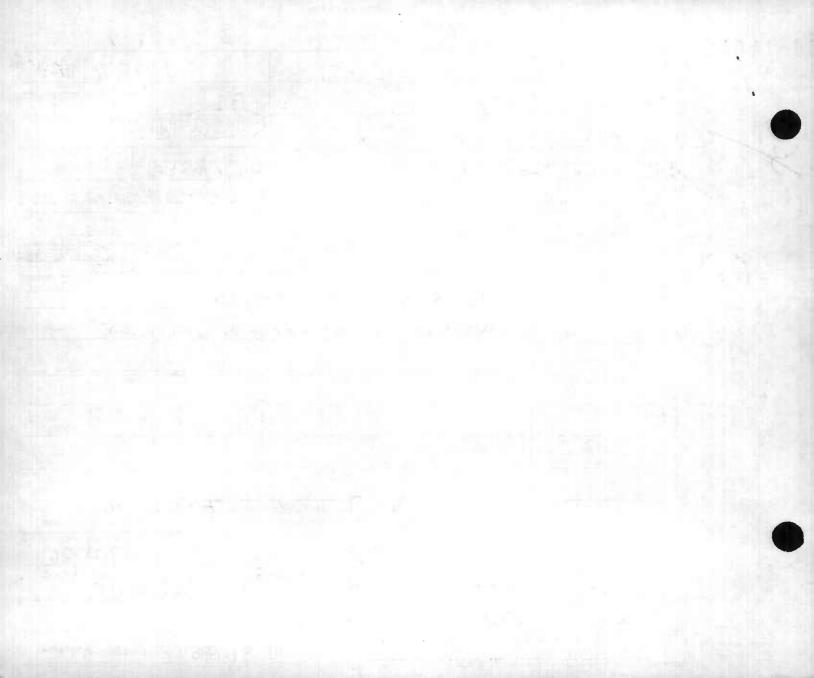
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				1. DEC	REGISTRAR EASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH		YEAR 2h	HOUR. 7
	e o	page 3			DABY	F	BOY	SINGI	ETARY		3, 1986		12:11 ^A
	Ноу			3. SE)		4 RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY) IF U		UNDER 24 HRS
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	ê	Print.	-	10 CI	BALTIMORE IY OR TOWN OF DEATH	U.S. A	A	WIDOWE NG HOME (DIVORCED OR OTHER INSTITUTION	BALTIMO		12b. KIND OF BI	MD.
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IL RECORDS, 201 W	he law requires to	has been signed. Thermit. Then plea	aws any injury, ar	CERTIFICATION	PART 2. OTHER SIGNIFICAN				NOT RELATED TO THE T	200 AUTOPSY? YES NO	20b. IF YES, W	/ERE FINDINGS	S USED F DEATH?
VIT	ž	ificate transi			21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	Lud Harris	OF INJURY A.M. MONTH D	AY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF H	JURY IN ITEM 18 PART	OR PART 2)	
Ö	SICIA	certif rial-t	He /	DICAL	(IF EITHER NOTIFY MEDICAL EXAMI	ACMIII	P.M.	19	1000		5		
DIVISION OF VIT	PHY.	rendir	ö	MED	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLAC (AT HOME S	E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OF	IOWN	COUNTY	STATE
ā	N N	Se as	morked		22a I certify that (I) (I) is ho	pital) attended	the deceosed from	7	8 19	10 10 1	18 19	86 tho	(We) lost
	TEN TEN	TOR for u	21 is		saw the deceased alive above, (III (we) (did) (did	not view the boo	ly after death		nd that in (my) (our) opin	nion death occurred on the	date and hour an	nd Irom the cau	ises stated
	AL OR A	AL DIREC detached ate Dept.	IT: If Hem		226. SIGNATURE	Course	nuch	loh.	DEGREE ATTENDIN PHYSICIAL	G MEDICAL S N DIRECTOR PHY	TAFF SICIAN [22c. DATE SIG	-86
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	-		/	23a, B	URIAL, CREMATION, REMOVA				EMETERY OR CREMATO	CITY OR TOWN	er	OUNTY	STATE
	В	P		24 51	CREMATION NERAL DIRECTOR	TIOCDI	8-86 St	JRGIC	AL PATHOL			Md.	
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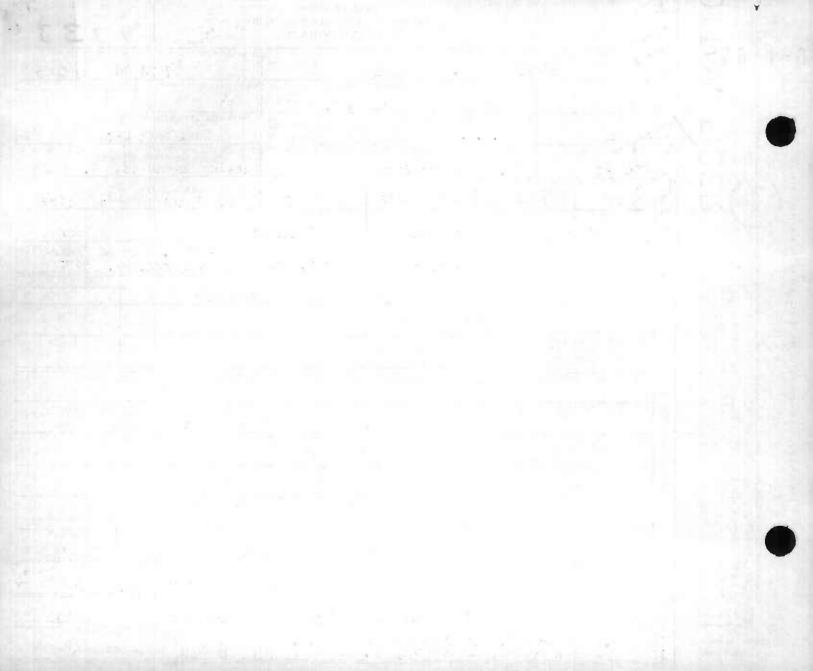


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noy be poge 3	1. DECEASED NAME FIRST (TYPE OR PRINT) ROY 3. SEX	HUMBER	T SISK	20 DATE OF DEATH M 07/23/2 6. AGE (IN YEARS LAST BIRTH	ONTH DAY YEAR 26 HOUR 1 1 A M DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
oge 4 m	MALE	White	MONTH DAY YEAR 94 23 1911	75	MONTHS DATS HOURS MIN.
P P P P P P P P P P P P P P P P P P P	70. BIRTHPLACE (STATE OR FOREIGN W. VA.		ARRIED MEVER MARRIED DOWED DIVORCED	BALTI	MORE CITY MD.
D 46	BALTIMORE	11. NAME OF HOSPITAL, NURSING HO IF NOT IN SUCH FACILITY, GIVE STREET ADDRE	-920H WAT	Self Emplo	INDUSTRY
AND 21;	130 STATE MD. 136 COL	DR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMIT	RE YES NO 1		ZIP CODE JENWOOD AW 21213
, MARYLAND red within 24 red within 24 should should	ROBERT	SISK	15. MOTHER'S MAIDEN NA FIRST NELL	I.E.	COFFMAN
BALTIMORE,	(15 NO OR UNKNOWN) (15 YES, C)	RMED FORCES? 166 SOCIAL SECURITY 1214-07-24		CRANE (DG)	HTR) AVE. 21213
	PART I. DEATH WAS CAUS	only one couse per line for 101, (b., and ic., SED BY. ATE CAUSE (a) LUNG	CARCINO	MA	APPROXIMATE INTERV BETWEEN ONSET AND
5, 201 W. PRESTON ST.		DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO REAT	OF	ninal disease or condi	TION GIVEN IN PART 110
DIVISION OF VITAL RECORDS, ING PHYSICIAN. The low requir coffending physicion. Wher this certificate has been signs of the burfol-trossit permit. Then the ond Mental Hygiene prior to be orked or frem 18 shows ony injur	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPER	RATION WAS PERFORMED	200 AUTÖPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFY ING CAUSES OF DEATH? YES NO NO
N OF VITA ng physicin certificate intol-tronsis entol Hygi	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH DAY '	19	RED (ENTER NATURE OF INJURY	
DIVISION Or Other this After this e os the budith on the hord hord hord hord hord hord hord hord	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE FARM E	211 LOCATION STREET	CITY OR TOWN	n COUNTY STATE
ATTENDI or Spital or CTOR. A for use of Heal of Heal is m	sow the deceased alive a	ortol) ottended the deceased from 0, 7/23 19 86	and that in (my) (our) opinion	deoth occurred on the dots	19 26, that (I) (we) lost e and hour and from the causes stated
the Dort H.	226 SIGNATURE	Thandour	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	221. DATE SIGNED
TO HOSPITAL efoined by the TO FUNERAL should be deto with the Stote with the Stote	ELIAS C	SHANDOUR	5601 LOC		BLVD. BALTO MD.
BP	230. BURIAL, CREMATION, REMOVA BURIAL		OF CEMETERY OR CREMATORY DENS OF FAITH	23d LOCATION BALTIMO	ORE MD MD
DHMH - 16 60M 7/84		FUNERAL HOME INC			b. REGISTRAR'S SIGNATURE
(VRA 15, 4)	3331 Brehms	Lane, Balto. Mo	d. 21213 JU	C C D 1900	The second



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH RECONC REGISTRAR I. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR 32:35 LIYPE OR PRINT 110M 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYFAR IF LINDER 21 HDS MONTH 1892 7a BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH WHAT COUNTRY? MARRIED NEVER MARRIED BALTO CITY WIDOWED DIVORCED NAME 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR YEE OF WORK FOR MOST OF WORKING LIFE INDUSTRY HOME Home make SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13d. INSIDE CITY LIMITS? 6955 COPPERBENDANK, LANE 21209 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME KAÜFMAN MIDDLE MICHAEL FRUMA SHERMAN CAROLYN 160. WAS DECEASED EVER IN U.S. ARMED FORCES" 166 SOCIAL SECURITY NO YENO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far to), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ò AS A CONSEQUENCE OF ROTIC CARDIOVARCULAR DIFFERE Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [Hygie 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED should be deto with the State [DIRECTOR MPORTANT: PHYSICIAN PHYSICIAN [22d. PHYSICIAN'S NAME 22e. ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL COUNTY STATE 7/27/86 BALTO HEBREW CEM BALTO MD SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Julia Davidson Hander 6010 REISTERSTOWN RD. BALTO, MD 21215 (VRA 15, 4)





0-12428	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6 J	9 3 4
nay be page 3 er death	1 DECEASED NAME FIRST (TYPE OR PRINT) Step?	ien E.	Slowe	2a DATE OF DEATH MONTH DA	76 1100K
4 may to, pag ofter d	3. SEX male	14. RACE black	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER YEAR IF UNDER 24 HRS
eral direct	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	81 YRS SALTIMORE CITY OR COUNTY OF Baltimore City	PF DEATH MD.
by the fun	Bultimore	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY US Post Offic
200	USUAL RESIDENCE IF NURSING HOME OF 130 STATE 136 COL		YN 134 INSIDE CITY LIMITS? YES 1 NO 1	13e STREET ADDRESS / ZIP CODE 2512 W. Lanval	e Street 2121
1 130	John	Slowe Slowe	15 MOTHER'S MAIDEN NA Clara	MIDDLE	nson
(TV	160 WAS DECEASED EVER IN U.S. A (YES. NO OR UNKNOWN) (IF YES. O	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES) 215-01-8		we 2512 W. Lanva	le St.
that the death certifical by the attending ose remove cortic and if cremation, or relative traumptic	PART I, DEATH WAS CAUS	only one cause per line fail at 1. b bried BY. ATE CAUSE (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	ong 14 4 Faile ENCE OF	ul	APPROXIMATE INTERVAL BRIWEEN ONSET AND DEATH
he law requires on. That beam signer trainer. Then o	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		DEATH BUT NOT RELATED TO THE TERM	20g AUTOPSY? 20b. IF YES.	WERE FINDINGS USED NG CAUSES OF DEATH?
ING PHYSICIAN. T offending physicial state of the burditum os the burditum thrond mental the orked or terminal the orked or terminal throng the purity.	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WMILE ALWORR ALWORR	HOUR A.M. MONTH D	AY YEAR 19 21f LOCATION	RED {ENTER NATURE OF INJURY IN ITEM 18 PAR CITY OR TOWN	T OR PART 2} COUNTY STATE
HOSPITAL OR ATTENDING ined by the hospital or of FUNERAL DIRECTOR, after wild be detached for use as hithe State Dept of Health ORTANT: If them 21 is month	22a. certify that (1) (this has	on view the body after digeth.	DEGREE ATTENDING	death occurred an the date and hour of	22c. DATE SIGNED

Loudon Pk. Cem.

DHMH - 16 60M 7/84 (VRA 15, 4)

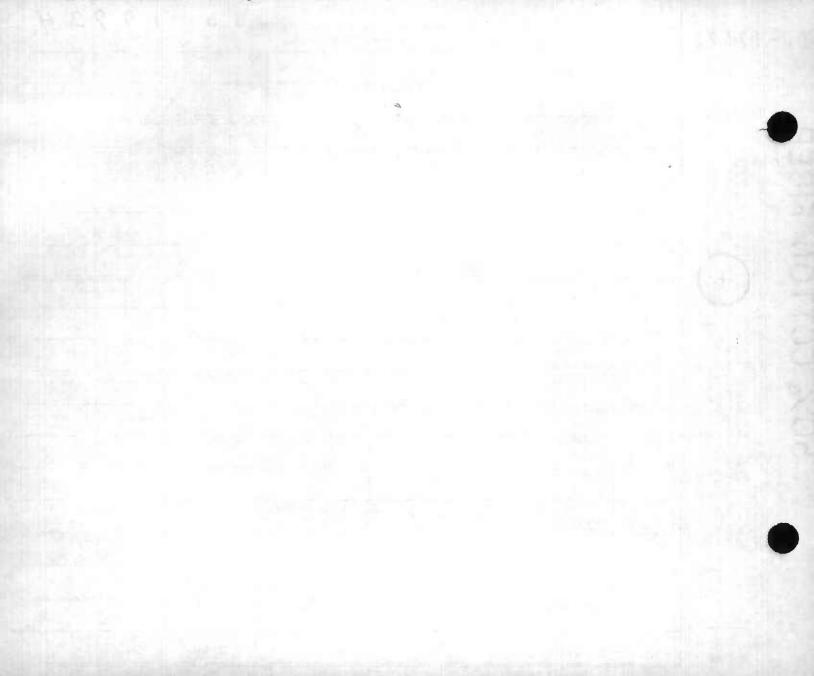
230 BURIAL, CREMATION, REMOVAL
SPECTY
Burial
24 FUNERAL DIRECTOR March Funeral Home West 4300 Wabash Avenue

7/14/86

23b. DATE

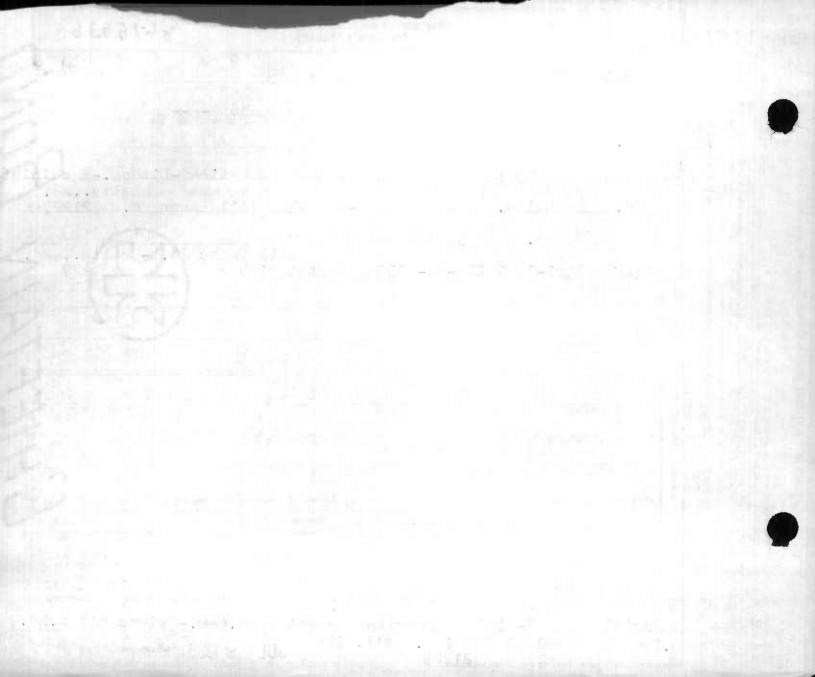
Baltimore, Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE



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0-11845	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND INC.	8	619936
ge 4 may be ector, page 3		CEASED NAME RICHARD	hita.	SLUSS S. DATE OF BIRTH MONTH DAY YEAR 11 27 29		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
by the funeral direction of the followithin 72 hours	100	Md. TY OR TOWN OF DEATH 111, NA	OT IN SUCH EACHNIY, GIVE STREE	NG HOME OR THER INSTITUTION T ADDRESS	9 BALTIMORE CITY OR CO POLITION 17a USUAL OCCUPATION (Type OF WORK FOR MOST OF WORK Retired—T	Ithoustry ithog Machinis
completely filled in \$1 and 2 should be a completely filled in or 1 and 2 should be a completely filled in the completely	14. F/	ATHER'S NAME THER'S NAME MODILE TL. VAS DECEASED EVER IN U.S. ARMED FO	ITUTION GIVE RESIDENCE BEFO	NN 13d. INSIDE CITY LIMITS? YES TO NOTHER'S MAIDEN NO. FIRST	4411 Fenor	Holden
certificate be execung physicion and compopers. Pages removal.		YES 1951-19 18 CAUSE OF DEATH (Enter anly ane compart I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IMMEDIATE CAU	DATES) 57 273-26- ause per line far (a), (b), a (E (a)	-7859A Bertha Dispulmonary	Wieber Vrest	- Balto., Md. #21227 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death ce in signed by the ottendin Then please remove carb to burial, crematian, or injury, or other traumatic	NO	Conditions, if ony, which gave rise to immediate	E TO, OR AS A CONSEOU (b) E TO, OR AS A CONSEOU (c) EXECUTY IONS CONTRIBUTING TO	JENCE OF G.1. Blee	cling winal disease or condition D: ASCUDE	ON GIVEN IN PART 110 ANGINA SIPMOI
SICIAN: The low rang physicion. certificate has been raid-transit permit. rental Hygiene prior item 18 shows any	MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING 21b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	. TIME OF INJURY OUR A.M. MONTH I P.M.	DAY YEAR		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO NEW HIS PART OR PART 2)
TENDING Poster of TOR: After to TOR: After to Se os the St Health one	MED		7/7/ 19	6/2/ 19.86	city or town	. 19
TO HOSPITAL OR Arterained by the hosp retained by the hosp TO FUNER LIDREC should be detached on with the State Dept of IMPORTANT; if hem?	230	22d PHYSICIAN'S NAME (TYPE ON PRINT) HARIK BHASIN BURIAL, CREMATION, REMOVAL 236. E		ATTENDING PHYSICIAN	MEDICAL STAFF MDS LANE 1 1234 LOCATION	D 7/8/82. BALTO MD 21225
BP DHMH - 16 60M 7/84 (VRA 15, 4)	g F	INTERAL DIRECTOR		Na+17 Dike 250 DA	TE REC'D. BY REGISTRAR 25bor	wings Mills, Md.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE OF DEATH MONTH TYPE OR PRINTS JENNIE SMELKINSON JULY 1. SEX 5. DATE OF BIRTH 1904 6 AGE (IN YEARS LAST BIRTHDAY) MONTH FEMANE CANCASIA XXXXX JULY 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED . NEVER MARRIED BAVTIMORE DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOLIN SUCH FACILITY, GIVESTIRET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) SALESPERSON 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? BAYTIMURE ATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE MICHAEL TEMA SMELKINSON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT SMELKINSON AARON (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 215-09-4373 6958 BROOKMILL RD. BALTO., MD 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY AVENO CARSINOMA IMMEDIATE CAUSE 19 DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206. IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH? YES [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE FARM ETC.) CITY OR TOWN NOT WHILE 22a. I certify that ((this haspital) attended the deceased from saw the deceased alive an and that in (i) (our) opinion death occurred anothe date and have and from the causes stated abave, (we) (did) (did view the bady after death 226 SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNE A 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

21215

12e ADDRESS

230 NAME OF CEMETERY OF CREMATORY SHAAREI ZION

ROSEDALE

BADTO.

COUNTY

22t. DATESIGNED

YEAR

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21215

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

APT. T-2

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IF UNDER 1 YEAR

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DATE REC'D BY REGISTRAR 156 REGISTRAR'S SIGNATURE

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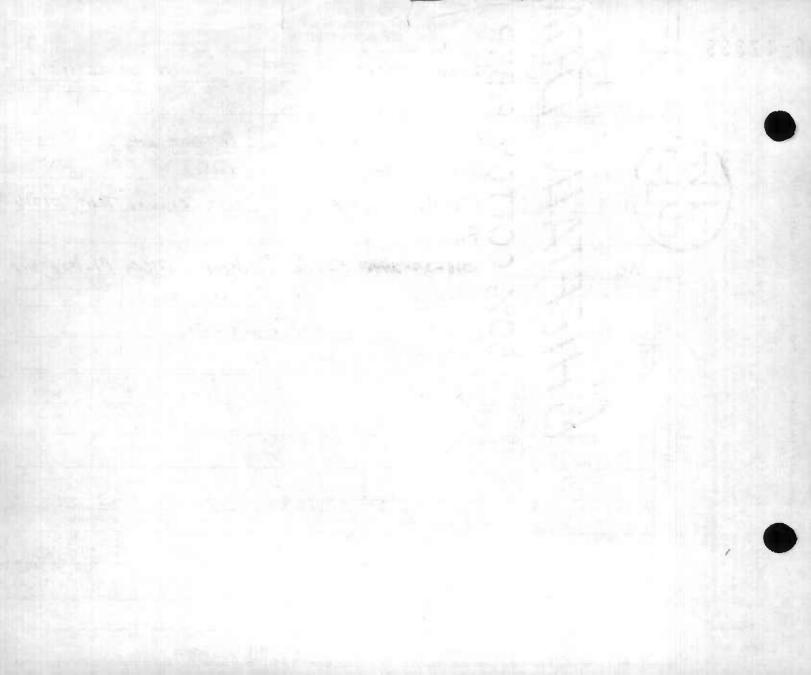
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Y.	MITH MITH PAG DIVISI		n0						Sar	ah M	. Sm:	ith	2821	Parl	CWOC	od I	Ave
	N N N N		18 CAUSE OF DE	ATH (Enter an	ly ane cause per l	ine far (a), (l	b), and (c).)									ROXIMATE	
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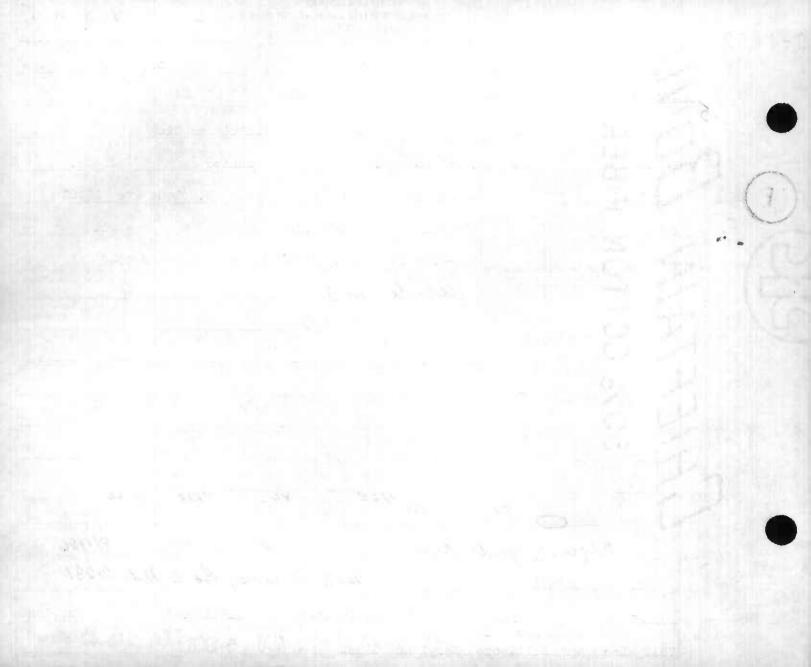
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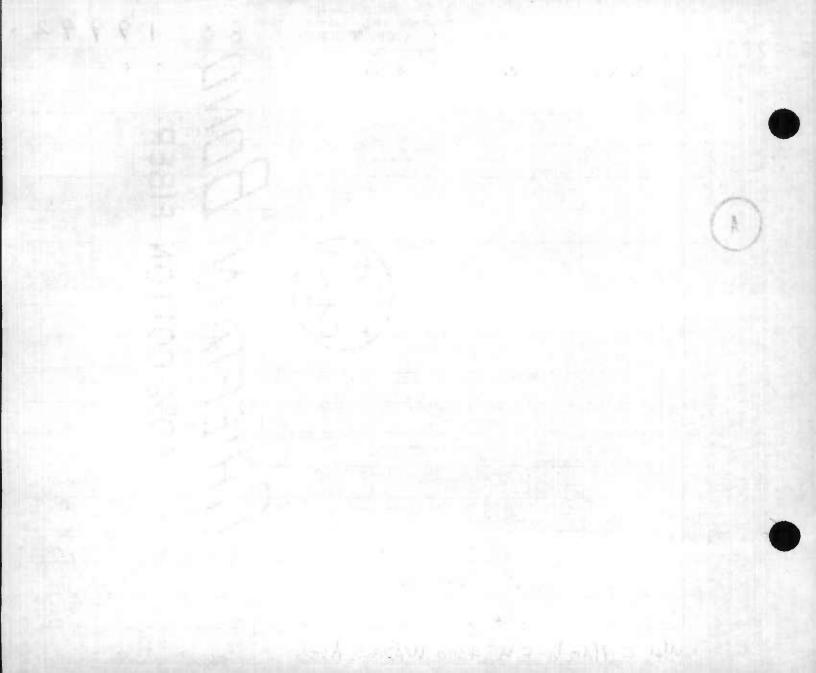
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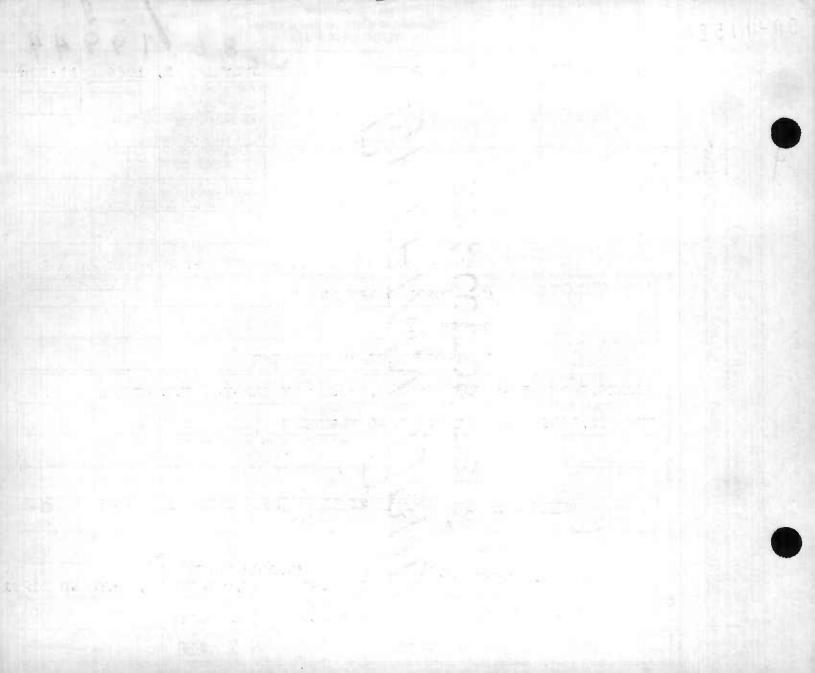






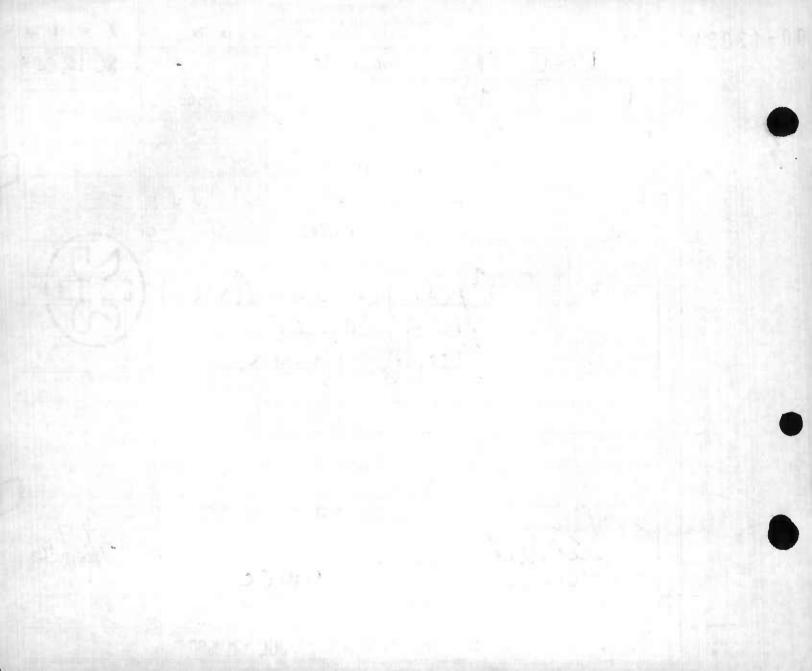
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DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certifice. The mouth within 24 hours oftending physician. We have been signed by the attending principles of a mpletely filled in by	s the brond N	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIN S	ma ma		22a.1 certify that (I (this hospit	ol) attended the deceased from	MAY 29 19 86	o to JULY 04	986, that (1) @@lost
TEN TOR	of Ho					n death occurred on the date and hour	and from the causes stated
A A I A SEC	D to E		obove, (I) well did not 22b. SIGNATURE	view the body offer death.	DEGREE		22c DATE SIGNED
TAL OR THE H	State De		A.P. N	orsemi n	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	7/4/86
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of of 5.	£ 3 ₹	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE 23c. N	IAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP			SPECIFYL	7-9-2, /		CITY OR TOWN	COUNTY
Dr		24 FI	INERAL DIRECTOR	1 66 1	ARKISON FORES	ATE REC'D. BY REGISTRAR 256, REGISTR	AD'S SIGNIATURE
DHMH - 16 (VRA		B	EHS FUNER	46 1129 N.	CAROLINEA	JUL 7 1986	Sandom Handate

00-	11524	1.	FOR STATE REGISTRAR			DEPARTA	NENT OF H	OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	HYGIENE	O No.	NO.	99	44
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ae 4 moy	after p	3. SE	x female		4. RACE bla		5 DATE C			(IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
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	and 2 s		ATHER'S NAME FIRST Aaron		MIDDLE	Jeffer	ies	15. MOTHER'S MAIDEN FIRST Martha		MIDDLE		Brads	haw
TIMORE be execu	s. Pages e medica	160 \	YES, NO NONKHOWN)		MED FORCES?	218-30-6		Betty Tayl	or 482		nut A	venue Ph	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, IN DHYSICIAN: The low requires that the death certificate be execu	signed by the ottending phys hen please remove corbonpop to buriol, cremotian, ar remove jury, or other traumotic event,	z	Conditions, if ony, gove rise to imm couse (0), storing underlying couse	which ediote the lost.	D BY: E CAUSE (a) DUE TO D DUE TO C DUE TO C (b) DUE TO C (c)	ARDIOPUI EMYDRATE ASTROSTNE	MONZ CON CEST	NAL BLEED	ING	SEASE OR CO	ONDITION G	IVEN IN PART 1	MATE INTERVAL ONSEL AND DEATH
AL OR ATTEND	hospital or ottending physician. SPECTOR: After this certificate hos been ched far use as the burial-transit permit. They are the Health and Mental Hygiene prior them 21 is marked or Item. Il shows any in them 21 is marked or Item.	MEDICAL CERTIFICATION	JUNE 12, JUNE 1	ION 1986 ERLYING AUSE OF DEA ALEXAMINER LIE LIS hospi d dive on O (did no	IPB CONDING CAST	ITION FOR WHICH ROINTEST OF INJURY M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE FA de deceosed from 2 ofter death.	OPERATION OPERAT	PLEEDING 21c HOW INJURY OCC 211 LOCATION STREET 21 19 d that in (my) opin DEGREE ATTENDING PHYSICIAN	YES VES VES VES VES VES VES VES	AUTOPSY? NO TER NATURE OF IN CITY OR CUTTED ON the	20b. IF YI IN CERT YOUR TEM 18	ES, WERE FINDINIFYING CAUSES (ES) PART I OR PART 2) COUNTY	OF DEATH? NO STATE that (I) one lost causes stated
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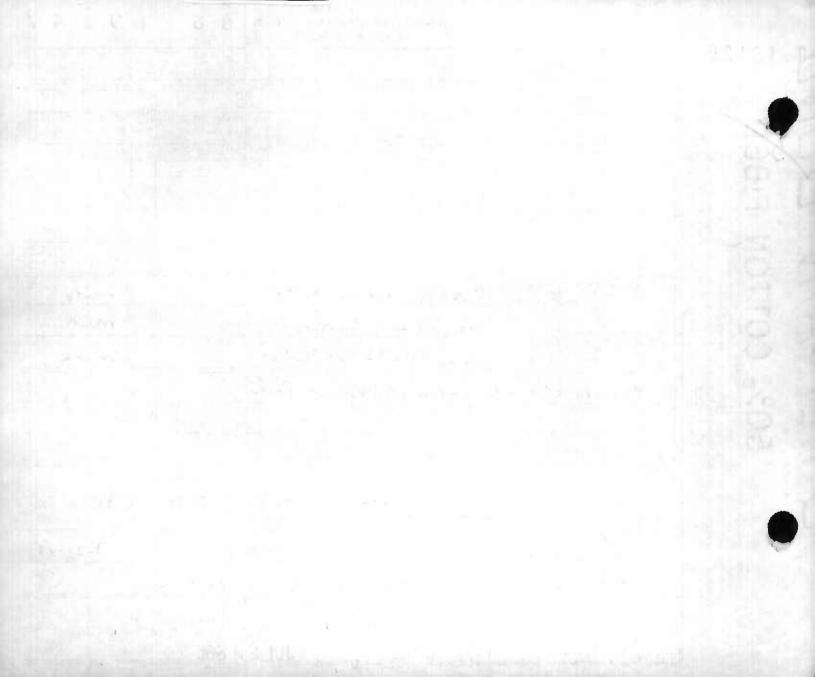
WMAM: C. March F/H Inc. 1101 East North Avenue



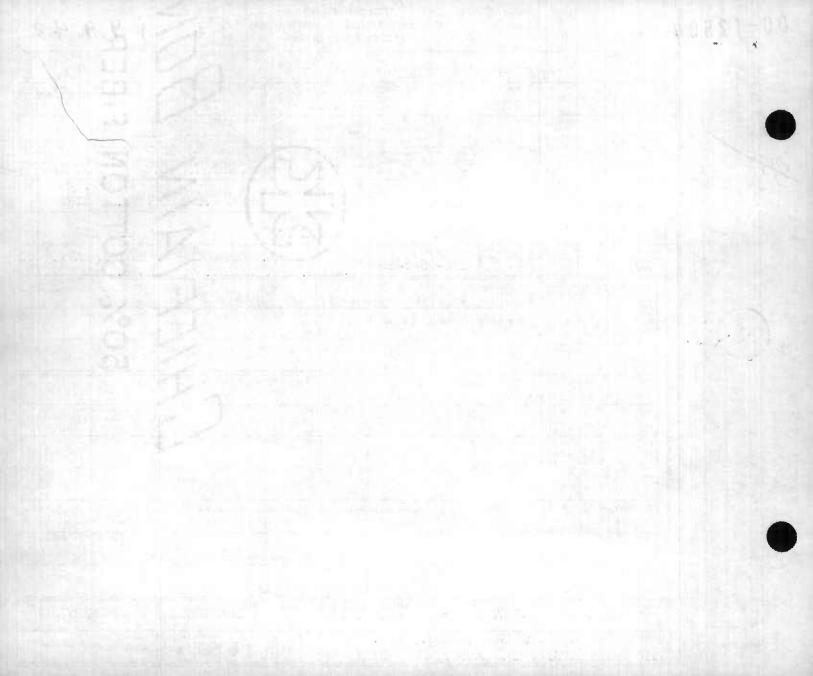
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g :	SEX	4 RACE S DATE OF BIRTH 6 AGE (IN YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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22 4 50	agw the deceased give or above, it (we) wid: (did so	, and that in (my) (aur) apinion death occurred on the date and	hour and from the causes stated
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should be det	Burbi	ERMAN 22 SO GIEENE	21201
230	BURIAL, CREMATION, REMOVAL		COUNTY STATE
	Buria1	July 29,1986 Sacred Heart of Jesus Dundalk, Bal	
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00	1-12	50	/.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE A C C								11 0		
	* 14	J J 4	-	STATE REGISTRAR					ICATE OF DEATH		REG. N	10.	7 7	78
	e ω €			OR BOILE.	IRST CT		AIDDLE	0,,	y der	20	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	oy be page 3		3 SE	Sid	14 RAG	DNEY	SNYDI	IS DATE C		- 1	AGE (IN YEARS LAST B	7	8 8 G	11 13 AM
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	DHMH - 16 60/			INERAL DIRECTOR SC NAME D10 REISTERS					215	DATE RE	C'D. BY REGISTRAL 1 6 1986	756 REGIST	RAR'S SIGNATI	JRE MALES



00-1514	6 1	FOR - STATE REGISTRAR	DEP	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 6	19949
		DECEASED NAME FIRST	WIDOFE	LAST	2a. DATE OF DEATH MO	NTH DAY YEAR 26. HOUR
nay be page 3		RAMO	N P	SOTO	7	30 86 5:22 A
mo)	3 5		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOA	Y) IF UNDER 1 YEAR IF UNDER 24 HRS
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1 1 1 1	0	Puerto Rica	U.S.	WIDOWED DIVORCED	Balto.	City
- 11 3	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION	124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
唐州 祖 年	0	Balto.	1302 Pent	twood Rd.	Supervisor	
The state of the s	U.S 13c	UAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE	EBEFORE ADMISSION) TOWN #13d INSIDE CITY LIMITS?	113e STREET ADDRESS	
3 1	1	Md.	Balt			twood Rd. 21239
87. 12.57	14	FATHER'S NAME	MIDDLE LAS	15. MOTHER'S MAIDEN N	NAME MIDDLE	TZAL
¥ 1 18<8	8	Juan	Soto			irada
* **	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	
JANC SE		Yes		36-8855 Mrs. Bett	y Soto Sar	me as #13
ORDS, 201 W. PRESTON ST., requires that the death certific are signed by the offending bit they bleave remove corbon plants for so being they, or other frounds even	CATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	SEQUENCE OF G TO DEATH BUT NOT RELATED TO THE TER		
REC nos by perm ne pr	A 5	19g DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		DE IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
ATTA	- GERTIFE	210 ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN	YES NO
A STATE I	12.49	OR CONTRIBUTION CAUSE OF DE		H DAY YEAR		
No dang	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
VISI PAR	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
A A STATE OF THE S		220.1 certify that (1) (this hasp	oital) attended/the deceased f	rom 12/3 1985	7/30	19.86 that (I) (we) last
# 15 TO 15 T		saw the deceased alive as	ot) view the body ofter death.	19 86 and that in (my) (aur) apinio	in death accurred an the date of	and haur and from the causes stated
HOSPITAL OR A counted by the house of the Real DIFF. The State Differ the State Differ PORTANT if them	1	THE SIGNATURE STANDAL THE PHYSICIAN'S NAME (1994)	9 Kanses	DEGREE M.D. ATTENDING PHYSICIAN 220 ADDRESS 301 MCM	MEDICAL STAFF DIRECTOR PHYSICIAN	276. DATE SIGNED 8/9/86
54 5413	230	BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	ייוטורב ויוויי
BP	1	Removal	7-30-86	S. CEMETER FOR CREMATOR	CITY OR TOWN	COUNTY
DHMH - 16 50M 1/76	24	FUNERAL DIRECTOR		25a D	ATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
(VR A 15 (4))		Anatomy I	Board	Balto., Md.	AUG 1 2 1986 9	wha Davidson-Kanpasac

1.	FOR STATE REGISTRAR		NT OF HEALTH AND		ENE RED NO		9	5 0
	CEASED NAME FIRST	etta	Speer +		20 DATE OF DEATH	7/30/	86	5 A A
J. JL	Finale	White	MONTH DAY	VEAR 04	82	YRS		HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVEL	R MARRIED	Baltimore city o	r COUNTY OF DE	ATH	ME
10 C	Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD SING! HOS	pital.	ISTITUTION	120 USUAL OCCUPATION OF THE STATE OF WORK FOR MOST OF HOUSEWIFE		KIND OF OUSTRY AT H	BUSINESS OR
MA	RYLAND 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BÉFORE AL NTY 136. CITY OR TOWN BALTO.	13d INSIDE YES	NO 🗆	6952 MILBI	ZIP CODE ROOK PARK	ABT:	1D #212
	ATHER'S NAME FIRST MEYER	MIDDLE LAST		R'S MAIDEN NAM FIRST HANNAH	MIDDLE		UNKN	OWN
	NO	RMED FORCES? 166 SOCIAL SECURIVE WAR OR DATES) 160 SOCIAL SECURIVE WAR OR DATES) 170 SOCIAL SECURIVE WAR OR DATES	1945 6952	MR.	JULIUS SPEI	ERT APT.	MD	21215 ATE INTERVAL NSET AND DE ATH
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CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERF	FORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING O		
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DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL AUG.1,1986 24 FUNERAL DIRECTOR

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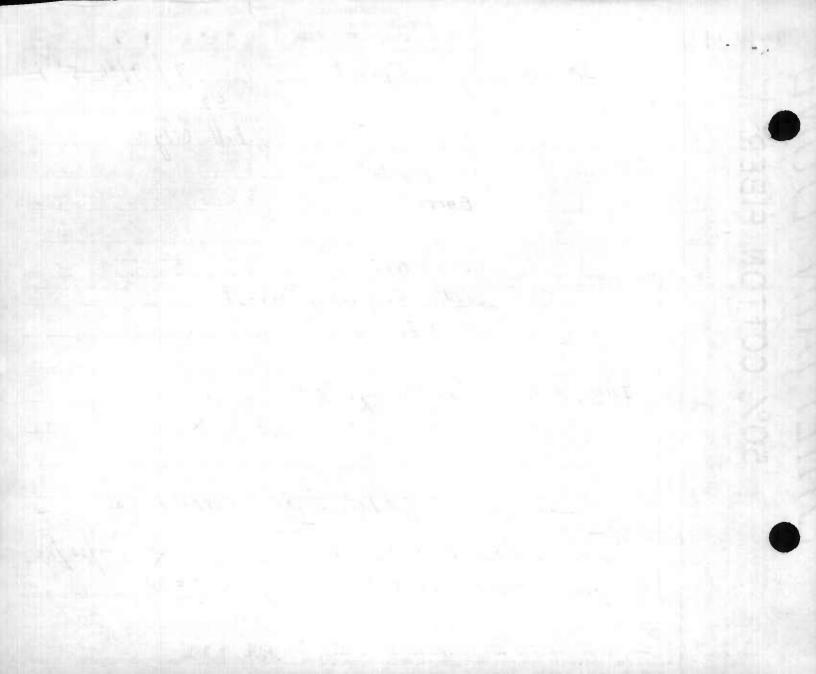
BALTIMORE

MARYLAND

SOL LEVINSON & BROS., INC. PERSTOWN RD. BALTO., MD 21215 6010 REISTERSTOWN RD.

REGISTRAR 256 REGISTRAR'S SIGNATURE

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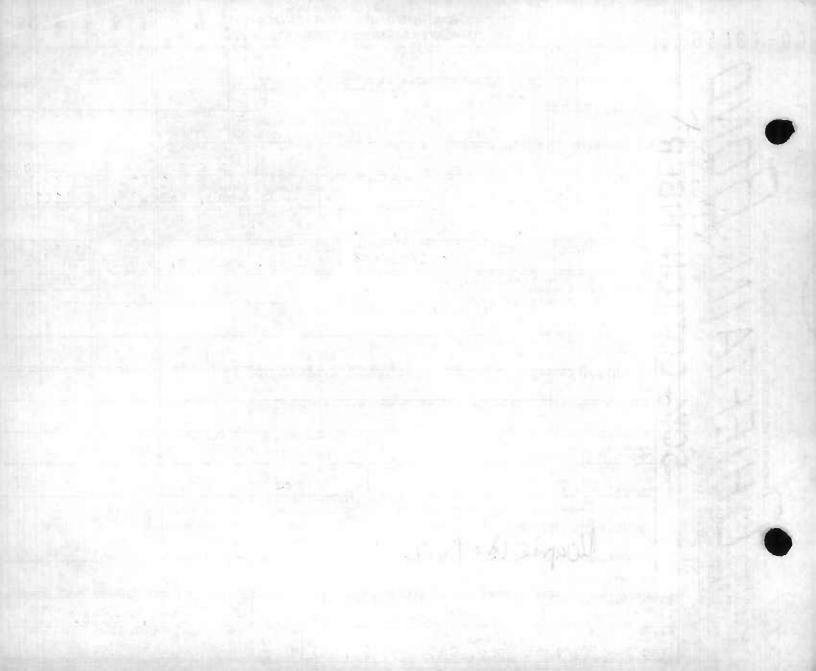
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oge 4			FEMAL	E	134	Aet	< 09	17	05	8	0	YRS		HOURS	MIN.
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Jan 22 hours	35	USUA 13a S	L RESIDENCE (IF NURS	13b COUN	ITY	136-CITY OF	R TOWN HORE	13d INSIDE CIT	Y LIMITS?	13e.STREET A	NAME OF THE OWNER,	IP CODE	Z/Z	0	1
1 15	-	4 FA	THER'S NAME			1211111	710710	15 MOTHER'S							
1 98	40		EDWARD		WIDDLE	B	YRD	Mi	ARY		MIDDLE	1	NELS	DN	
Poge:	medica		AS DECEASED EVER		MED FORCES? E WAR OR DATES)		5843	HOSP	TAW	RECI	ADDRESS OR bs	5		Tr.	
hificote b physician npopers.	event, the		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED	D BY:	er line for (a),	to, and ici.	HONA	RY AH	RES	T		APPROX BETWEEN	MATE INTERVONSET AND D	
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he lo bn. has	ows.	TIFIC			7					YES TA	NOU	YES	ING CAUSES	NO NO	1?
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After After	olth ond marked		AT WORK AT WO	RK			-				-		01		
	- · T		22a.l certify that (I)	(this hospit	tal) attended 1	he deseased	from 7	30	, 1986	_, to	181			that (I) (w	
ATTE Spirts CTC d for	. of n 21	v. II	saw the decease obove, (I) (we) (d	ed alive an		after death	19.86,0	nd that in (my) (our) opinion de	eath occurred	on the date	and hour			ted
	# Item		22b. SIGNATURE	PA	XXX	-		DEGREE AT	TENDING	MEDICAL	STAFF		221. DATE	SIGNED	4
by by e de	ANT:		22d. PHYSICIAN'S N	AME (TYPE C)	PRINT			22e ADDRESS	HYSICIAN [DIRECTOR	_ PHYSICIA	NA	11/0	10	
TO HOSP retained to TO FUNE	with the Stat			4. 1	. KL	EIN		30010	SOUTH	+ HAN	OVER	SI	BAHT	MOI	RE
	s <u>s</u>	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE	. 71	231 NAME OF	EMETERY OR CE	REMATORY	23d LOCAT	ION RIOWN		22-	11 - 34	ATE
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00-1282	\$1	FOR - STATE REGISTRAR	DEPARTMENT O	ATE OF MARYLAND OF HEALTH AND MENTAL HYGII TIFICATE OF DEATH	ENE 8 6 REG. NO.	9 9 5 2
oge 3		ECEASED NAME EIMITA	A. Spe	heer	20 DATE OF DEATH MONTH	16 86 11-40
ector, po	3. S	EX 4. RACE		المرام المرام	AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
unerol di	part .	COUNTRY) MD US	A WIDO	RRIED NEVER MARRIED	BAHIMORE CITY OR COUNT	City MC
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hill 24 mb	130	JAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION STATE 136 COUNTY 136 COUNTY ATHER'S NAME	131 CITY OR TOWN Battimore		3. STREET ADDRESS / ZIP CO	ittier Ave
Semples of the semple)	Clarine WAS DECEASED EVER IN U.S. ARMED FORCES?	Jennings 1166. SOCIAL SECURITY NO	Rachel	MIODLE	Peters
BALTIMORE cote be executed a copers. Poges vol.		(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	218-10-994	9 Margaret	Robbins a	2507 S. PacaSt
ن الله الموادة		18 CAUSE OF DEATH (Enter only one couse property) PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE [0] DUE TO.	Cardiopul OR AS A CONSEQUENCE O	monary arres	+2	BATTING ON SET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN. The low requires that the death cert after this certificate has been signed by the attending as the burial-transit permit. Then please remove carbon thand Mental Hygiene prior to burial, cremation, arrest and a riter 18 shows any injury, or other traumatic ex-		Conditions, if any, which gave rise to immediate	OR AS A CONSEQUENCE O	le acute "IL		
ORDS, 20 requires to require to the ple for to burice to the form	ATION	PART 2. OTHER SIGNIFICANT CONDITIONS, disubotes Mullitus, 190 DATE OF OPERATION 1196 CON	CONTRIBUTING TO DEATH IN A PURCH S 101	n, peripheral 1	lasculat dise	DSC. VES, WERE FINDINGS USED
N. The low hysicion. Its hos broast perm Hygiene pr Hygiene pr 18 shows or	CERTIFICATION		OF INJURY		IN CER	TIFYING CAUSES OF DEATH? YES NO
ON OF VI	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH HOUR	A.M. MONTH DAY YE	AR 19 211 LOCATION		it is a market
DING PH or after the se os the I olth and	A.	WHITE NOT WHITE AT WORK AT WORK AT WORK AT WORK 11) (this hospital ottended	STREET, FACTORY OFFICE, FARM ETC	STREET 19.86	CITY OR TOWN	COUNTY 51ATE
OR ATTEN e hospitol DIRECTOR: oched for us Dept. of He		sow the deceased alive an above, I lywe) (did) (did not) view the bac	16 19 86	DEGREE		
TO HOSPITAL efoined by the TO FUNERAL I should be deto with the State I MAPORTANT: II		22d PHYSICIAN'S NAME (TYPE OF PRINT)	21	PHYSICIAN PHYSICIAN 1	MEDICAL STAFF DIRECTOR PHYSICIAN	11116186
BP	230	BURIAL, CREMATION, REMOVAL 236. DATE 7/21		OF CEMETERY OR CREMATORY Nat. Cem.	Baltimore,	Md. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	- 12	FUNERAL DIRECTOR VM NAME MATCH E. H	WEST ADDRESS WILL	ALACH AUE JUL	REC'D BY REGISTRAR 256 REGI	STRAR'S SIGNATURE

Kale a sported and A control as CENTRAL SELECTION OF THE SECOND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR . DECEASED NAME DATE KNOWNX LTYPE OR PRINT) Owen Stagmer, III ESTI-DEATH MATED 7-22-86 19 IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS DAYS YEAR PRONOUNCED 12 White 7-22-86 19 Male DEAD 1:30P Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Baltimore City WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Baltimore Laborer University Hospital Constructin WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13819 Baldwin Mil. Road, Baldwin, MD 21013 Baltimore Baldwin FATHER'S NAME 15 MOTHER'S MAIDEN NAME Mahle Emily Stagmer, Jr. M Owen 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 21228 217-62-6461 Emily M. Walters, 5 Glenwood Ave 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Head and neck injury DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) IE, WRITING THE WOOD
FOR ARDED TO THE CHIE
FORE 3 SHOULD BE USED
STATE DEPARTMENT OF HE
201 PRIOR TO BURIAL 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CHOR driver of an auto/fixed object impact subj. 5:50a 7-22-86 CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) westbd Pheenix Rd. 1mi. WHILE AT WORK Cockeysville, Md. PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTMORE, MARTHAND, 2 22a I certify that I took charge of the remains described above, held on Accident X Homicide L Undetermined monner Natural causes TITLE (SPECIFY) 7-23-86 DATE M.D. Assistant MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M. DAODRESS 111 Penn Street Baltimore, Md. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 07/25/86 Security Process Cremation ¢atonsville, Balto. MD 07/84 25M 24. FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) MacNabb Funeral Home, Catonsville, MD



0-13463	1	FOR - STATE REGISTRAR	DEPARTMENT OF H	EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	19954
eetor, page 3		CEASED NAME FIRST EORPRINT) MGE X EMALE	Bell 5+a RACE B/so c/C MCP 9	SIEY SEBIRTH DAY 12 1897	20. DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR AMONTHS DAYS HOURS MIN.
nous affirmants to the by the funeral distribution of the funeral distribution of the forest benefited of once	OK	IRTHPLACE (STATE OR FOREIGN 76. COUNTRY) GOOD REBURG N.C. ITY OR TOWN OF BEATH 11. G / L'MORE L	MARRIEL NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, SIVE STREET ADDRESS!		9. BALTIMORE CITY OR COU BALLS MODELLA OCCUPATION 12a. USUAL OCCUPATION (Type OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR
	130.	AL RESIDENCE (IF NURSING HOME OR OTHER STATE 13b. COUNTY ATHER'S NAME MIDST	Baltimore	13d. INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NAA	13 STREET ADDRESS / ZIP C	ODE HASE,
be executed w on ond comple rs. Poges 1 and		JOHN V WAS DECEASED EVER IN U.S. ARMEL YES, NO OR UNKNOWN) (18 YES, GIVE WA	V. Staley DEFORCES? 166. SOCIAL SECURITY NO.	Ellen annie Rutt	ADDRESS Toland 5406	PRICE AVENUE
s that the death certificate ed by the attending physicialgose remove carbonappering, cremotion, or removal.		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE CO. Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CON.	Y: He and Lo	NOT RELATED TO THE TERMI	nai, disease or condition	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH YM GIVEN IN PART 110
i. The low requires sicion. The low requires sicion. The low requires sicion. The low requires sicion to bur shows any injury,	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? 20b. II	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \to NOMES OF THE PROPERTY OF T
DING PHYSICIAN: The or offending physicio or offending physicio or a state build-tronsit of the or the build-tronsit of the ord Mental Hygie morked or tem 18 sho	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK ALL WORK	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21r. HOW INJURY OCCURR 21f. LOCATION STREET	ED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I OR PART 2) COUNTY STATE
OK ATTEND ne hospitol o DIRECTOR: A oched for use Dept. of Heo			M Nacem	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from the couses stated 22c. DATE SIGNED 7 27 28
TO HOSPITAL retained by the TO FUNERAL should be detained IMPORTANT:	23a.		NATERM	220. ADDRESS DOLAN EMETERY OR CREMATORY	123d LOCATION	to MOZBY
BP DHMH - 16 50M 4/83	J	UNERAL DIRECTOR	7/26/86 PASTI	VIEW 25a DATE	REC'D. BY REGISTRAR 25b. REC	GISTRAR'S SIGNATURE
(VRA 15, 4)	14	m. C. Marc	n F1+ FAR. 11018	E. MORTHAUR.	111 25 1005	I Deviden - Republic



-1412	29		FOR STATE REGISTRAR		ARTMENT OF F	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG. NO.	9955
e pe	-		EASED NAME FIRST	A (NETTIE) J	C-	AST ALLCILL	20 DATE OF DEATH MONTH	B 6 2b. HOUR
noy be poge 3	7	3. SEX		14 RACE	5. DATE O	MBAUGH DEBIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	
ge 4 m ectorp	85		F	W	MONTE Q		67	MONTHS DAYS HOURS MIN.
rol dir	0 /		THPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO	
deo	9	1	IRGINIA	U.S.A.	WIDOWI		BALTIMO	
os s ofter by the f		10 CI	BALTO.	11. NAME OF HOSPITAL, NI JIF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FLOOR LAD)	17
24 hour	must be	13a S	L RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY OR	BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP	CODE 21205
within ely f		14. FA	THER'S NAME	MIDDLE LAS	1	15. MOTHER'S MAIDEN NA	AME	LAST
one, M.	7		(AS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS	2908 Philadelphi
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours often ding physician. Where this certificate has been signed by the ottending primering eminerily filled in by the this minimizations have been signed by the ottending primering eminerily filled in by the hinding primerily filled in by the primerily filled in by the hinding primerily filled in by the primerily filled in by the hinding primerily filled in by the hinding primerily filled in by the primerily	, cremation, or immost.		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A CONS	SEQUENCE OF	· ·	E	APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH 2 VII WITH 20 YEAVS.
ALRECORDS, 201 he low requires the low. hos been signed b	e prior to buriol	CERTIFICATION		CONDITIONS CONTRIBUTING	tre S	tomach		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) \(\text{NO} \)
F VITA	Î ®		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	THOUSE A ME MONTH	H DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF MURY IN IT	EM 18 PART I OR PART 2)
VISION O C PHYSIC Offending of the buries	0 00	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	OFFICE, FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
No interest of the second of t	of Health		220.4 certify that(1) this hasp	(1) (1)	1-41		deoth occurred an the date ar	nd hour and from the causes stated
IAL OLINA y the hespital RAL DIRECTOR	to If If them	8	22b. SIGNATURE		- w	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED
HOSPII	with the State		22d PHYSICIAN'S NAME (TYPE	ORPRINT)	mo	2381 B	sorron S	1
₽ ₽ ₽ ₽ ₽ ₽ ₽ ₽ ₽ ₽ ₽ ₽ ₽ ₽ ₽ ₽ ₽ ₽ ₽	3 2		URIAL, CREMATION, REMOVA SPECIFY) BURIAL	8-4-86	1	AWN CEM	23d. LOCATION BALTO.	M D STATE
DHMH - 16 (VRA 1		1	NERAL DIRECTOR	- 7527 Han	RESS P	250 DA	TE REC'D. BY REGISTRAR 256, R	REGISTRAR'S SIGNATURE

DEUA (NETRE) L STAMBRIGHT NAME OF PERSONS ASSESSED. Land State of the same of the